

**FILED UNDER SEAL**

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF GEORGIA  
AUGUSTA DIVISION

UNITED STATES OF AMERICA,  
THE STATE OF GEORGIA, and  
THE STATE OF NORTH CAROLINA  
*ex rel.* TERESA VALLENTINE,

Plaintiffs,

v.

NEIL L. PRUITT, JR.;  
PRUITTHEALTH, INC. f/k/a  
    PRUITT CORPORATION a/k/a and d/b/a  
    UHS-PRUITT CORPORATION;  
NEIL L. PRUITT, JR. TRUST;  
J. PAIGE PRUITT TRUST;  
LISA P. HAMBY TRUST;  
NANCY PRUITT;  
UNITED HEALTH SERVICES, INC.;  
LOWNDES COUNTY HEALTH SERVICES, LLC d/b/a  
    PRUITTHEALTH – CRESTWOOD a/k/a  
    HERITAGE HEALTHCARE AT CRESTWOOD, also d/b/a  
    PRUITTHEALTH – HOLLY HILL a/k/a  
    HERITAGE HEALTHCARE AT HOLLY HILL, also d/b/a  
    PRUITTHEALTH – LAKEHAVEN a/k/a  
    HERITAGE HEALTHCARE AT LAKEHAVEN, also d/b/a  
    PRUITTHEALTH – VALDOSTA a/k/a  
    HERITAGE HEALTHCARE OF VALDOSTA;  
PARKWOOD DEVELOPMENTAL CENTER, INC.;  
PRUITTHEALTH – AIKEN, LLC f/k/a  
    UNIHEALTH POST-ACUTE CARE – AIKEN, LLC;  
PRUITTHEALTH – ASHBURN, LLC f/k/a  
    HERITAGE HEALTHCARE OF ASHBURN, LLC d/b/a  
    HERITAGE HEALTHCARE OF ASHBURN;  
PRUITTHEALTH – ATHENS HERITAGE, LLC f/k/a  
    UNIHEALTH POST-ACUTE CARE – ATHENS HERITAGE,  
    LLC;  
PRUITTHEALTH – AUGUSTA, LLC f/k/a  
    UNIHEALTH POST-ACUTE CARE – AUGUSTA, LLC;  
PRUITTHEALTH – AUGUSTA HILLS, LLC f/k/a  
    UNIHEALTH POST-ACUTE CARE – AUGUSTA HILLS,  
    LLC;

**COMPLAINT**

Civil Action No.: \_\_\_\_\_

**FALSE CLAIMS ACT --  
MEDICARE AND  
MEDICAID FRAUD  
31 U.S.C. §§ 3729, *et seq.***

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

## I. (a) PLAINTIFFS

United States ex rel. Teresa Vallentine

## DEFENDANTS

Neil L. Pruitt, Jr., et al.

(b) County of Residence of First Listed Plaintiff USA  
(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant Unknown  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

(c) Attorney's (Firm Name, Address, and Telephone Number)  
Sam Nicholson, Nicholson Revell LLP, 4137 Columbia Road,  
Augusta, Georgia 30907, (706) 722-8784 (tel), sam@nicholsonrevell.com

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff  
☐ 2 U.S. Government Defendant  
☐ 3 Federal Question (U.S. Government Not a Party)  
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   |   |   |   |
|---|---|---|---|
| Citizen of This State                   | PTF <input type="checkbox"/> 1 DEF <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | PTF <input type="checkbox"/> 4 DEF <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 <input type="checkbox"/> 2         | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 <input type="checkbox"/> 5         |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 <input type="checkbox"/> 3         | Foreign Nation  | <input type="checkbox"/> 6 <input type="checkbox"/> 6         |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <b>PERSONAL INJURY</b> <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input checked="" type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence <b>Habeas Corpus:</b> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition		

## V. ORIGIN

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding  
☐ 2 Removed from State Court  
☐ 3 Remanded from Appellate Court  
☐ 4 Reinstated or Reopened  
☐ 5 Transferred from another district (specify)  
☐ 6 Multidistrict Litigation  
☐ 7 Appeal to District Judge from Magistrate Judgment

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):  
31 USC 3729 et seq

Brief description of cause:

qui tam false claims act case

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

03/03/2015 03/19/2015

/s/ Sam Nicholson

5-6-11-2015

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_



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PRUITTHEALTH – AUSTELL, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – AUSTELL, LLC; )  
PRUITTHEALTH – BAMBERG, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE OF BAMBERG, LLC; )  
PRUITTHEALTH – BARNWELL, LLC f/k/a )  
UNIHEALTH POST-ACUTE BARNWELL, LLC; )  
PRUITTHEALTH – BETHANY, LLC f/k/a )  
UHS – BETHANY OF MILLEN, LLC d/b/a )  
BETHANY NURSING CENTER OF VIDALIA; )  
PRUITTHEALTH – BLUE RIDGE, LLC f/k/a )  
HERITAGE HEALTHCARE OF BLUE RIDGE, LLC; )  
PRUITTHEALTH – BLYTHEWOOD, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – BLYTHEWOOD, LLC;) )  
PRUITTHEALTH – BROOKHAVEN, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – BROOKHAVEN, LLC;) )  
PRUITTHEALTH – CAROLINA POINT, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – CAROLINA POINT, )  
LLC; )  
PRUITTHEALTH -- CHRISTIAN CITY, LLC f/k/a )  
UHS CHRISTIAN CITY HCC, LLC; )  
PRUITTHEALTH – COLUMBIA, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – COLUMBIA, LLC; )  
PRUITTHEALTH – DECATUR, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – DECATUR, LLC; )  
PRUITTHEALTH – DILLON, LLC f/k/a )  
HERITAGE HEALTHCARE AT THE PINES, LLC; )  
PRUITTHEALTH – ELKIN, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – ELKIN, LLC; )  
PRUITTHEALTH – ESTILL, LLC f/k/a )  
HERITAGE HEALTHCARE OF ESTILL, LLC d/b/a )  
UNIHEALTH POST-ACUTE CARE LOW COUNTRY; )  
PRUITTHEALTH – FARMVILLE, LLC f/k/a )  
HERITAGE HEALTHCARE OF FARMVILLE, LLC; )  
PRUITTHEALTH – FORSYTH, LLC f/k/a )  
HERITAGE HEALTHCARE OF FORSYTH, LLC; )  
PRUITTHEALTH – FORTH OGLETHORPE, LLC f/k/a )  
HERITAGE HEALTHCARE OF FORT OGLETHORPE, LLC;) )  
PRUITTHEALTH – FRANKLIN, LLC f/k/a )  
HERITAGE HEALTHCARE OF FRANKLIN, LLC; )  
PRUITTHEALTH – GRANDVIEW, LLC f/k/a )  
HERITAGE HEALTHCARE AT GRANDVIEW, LLC; )  
PRUITTHEALTH – GREENVILLE, LLC f/k/a )  
HERITAGE HEALTHCARE OF GREENVILLE, LLC; )  
PRUITTHEALTH – GRIFFIN, LLC f/k/a )  
HERITAGE HEALTHCARE OF GRIFFIN, LLC; )  
PRUITTHEALTH – HIGH POINT, LLC f/k/a )

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UNIHEALTH POST-ACUTE CARE – HIGH POINT, LLC; )  
PRUITTHEALTH – JASPER, LLC f/k/a )  
HERITAGE HEALTHCARE OF JASPER, LLC; )  
PRUITTHEALTH – LAFAYETTE, LLC f/k/a )  
HERITAGE HEALTHCARE OF LAFAYETTE, LLC; )  
PRUITTHEALTH – LANIER, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – LANIER, LLC; )  
PRUITTHEALTH – LILBURN, LLC f/k/a )  
HERITAGE HEALTHCARE OF LILBURN, LLC; )  
PRUITTHEALTH – MACON, LLC f/k/a )  
HERITAGE HEALTHCARE OF MACON, LLC; )  
PRUITTHEALTH – MAGNOLIA MANOR, LLC f/k/a )  
UNIHEALTH MAGNOLIA MANOR SOUTH, LLC; )  
PRUITTHEALTH – MONCKS CORNER, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE OF MONCKS CORNER, )  
LLC; )  
PRUITTHEALTH – MONROE, LLC f/k/a )  
HERITAGE HEALTHCARE OF MONROE, LLC; )  
PRUITTHEALTH – MOULTRIE, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – MOULTRIE, LLC; )  
PRUITTHEALTH – NORTH AUGUSTA, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE NORTH AUGUSTA, )  
LLC; )  
PRUITTHEALTH – OLD CAPITOL, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – OLD CAPITOL, LLC; )  
PRUITTHEALTH – ORANGEBURG, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE ORANGEBURG; )  
PRUITTHEALTH – PEAKE, LLC f/k/a )  
THE OAKS AT PEAKE, LLC; )  
PRUITTHEALTH – PICKENS, LLC f/k/a )  
HERITAGE HEALTHCARE OF PICKENS, LLC; )  
PRUITTHEALTH – RALEIGH, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – RALEIGH, LLC; )  
PRUITTHEALTH – RIDGEWAY, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – TANGLEWOOD, LLC;) )  
PRUITTHEALTH – ROCK HILL, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – ROCK HILL, LLC; )  
PRUITTHEALTH – ROME, LLC; )  
PRUITTHEALTH – SADIE G. MAYS, LLC f/k/a )  
UHS – SADIE G. MAYS, LLC; )  
PRUITTHEALTH – SANTA ROSA, LLC f/k/a )  
HERITAGE HEALTHCARE OF SANTA ROSA, LLC d/b/a )  
UNIHEALTH POST-ACUTE CARE – SANTA ROSA; )  
PRUITTHEALTH – SAVANNAH, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE -- SAVANNAH, LLC; )  
PRUITTHEALTH – SHEPHERD HILLS, LLC f/k/a )



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HERITAGE HEALTHCARE AT SHEPHERD HILLS, LLC; )  
PRUITTHEALTH – SPRING VALLEY, LLC f/k/a )  
HERITAGE HEALTHCARE AT SPRING VALLEY, LLC; )  
PRUITTHEALTH – SUNRISE, LLC f/k/a )  
HERITAGE HEALTHCARE AT SUNRISE, LLC; )  
PRUITTHEALTH – SWAINSBORO, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – SWAINSBORO, LLC; )  
PRUITTHEALTH – SYLVESTER, LLC; )  
PRUITTHEALTH – TOCCOA, LLC f/k/a )  
HERITAGE HEALTHCARE OF TOCCOA, LLC; )  
PRUITTHEALTH – TOOMSBORO, LLC f/k/a )  
HERITAGE HEALTHCARE OF TOOMSBORO, LLC; )  
PRUITTHEALTH – TOWN CENTER, LLC f/k/a )  
THE OAKS AT TOWN CENTER, LLC; )  
PRUITTHEALTH – TRENT, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE – TRENT, LLC; )  
PRUITTHEALTH – WALTERBORO, LLC f/k/a )  
UNIHEALTH POST-ACUTE CARE OAKWOOD, LLC f/k/a )  
HERITAGE HEALTHCARE OF WALTERBORO, LLC; )  
PRUITTHEALTH – WASHINGTON, LLC f/k/a )  
HERITAGE HEALTHCARE OF WILKES, LLC; )  
PRUITTHEALTH – WEST ATLANTA, LLC f/k/a )  
HERITAGE HEALTHCARE OF WEST ATLANTA, LLC; )  
THE OAKS – ATHENS SKILLED NURSING, LLC f/k/a )  
THE OAKS OF ATHENS, LLC; )  
THE OAKS OF BREVARD, LLC; )  
THE OAKS -- CARROLLTON, LLC f/k/a )  
THE OAKS OF CARROLLTON, LLC; )  
THE OAKS OF FAIRBURN, LLC; )  
THE OAKS – LIMESTONE, LLC f/k/a )  
THE OAKS AT LIMESTONE, LLC; )  
THE OAKS AT MAYVIEW, LLC; )  
THE OAKS AT SCENIC VIEW, LLC; )  
PRUITTHEALTH HOSPICE, INC. f/k/a )  
UNITED HOSPICE, INC.; )  
DENNIS WHEELER; )  
BERNARD ROSS a/k/a BERNIE ROSS; and, )  
JOHN DOES 1-100, )

Defendants. )

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**JURY TRIAL DEMANDED**  
**DO NOT PLACE IN PRESS BOX**  
**FILED UNDER SEAL PURSUANT TO 31 U.S.C. § 3730 AND LOCAL CIVIL RULE 79.7**

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**INTRODUCTION**

1. Plaintiff Teresa Vallentine (the “Relator” or “Plaintiff” or “Vallentine”) brings this action on behalf of the United States of America against Defendants for treble damages and civil penalties arising from the Defendants’ knowingly materially false statements and materially false claims, knowingly made to obtain money payments from the federal government which would not have been paid had the truth of the false statements and false claims been known, all in violation of the Civil False Claims Act, 31 U.S.C. § 3729, *et seq.* The violations generally arise out of (a) the unlawful practices of Defendant Nursing Homes (defined below) knowingly fraudulently billing Medicaid for the fraudulently inflated costs of services, supplies, facilities, items and goods acquired from Defendants’ related companies at unlawful rates in violation of Related Organization Costs requirements, the federal Anti-Kickback Statute, the federal Exclusions Statute’s Substantially-In-Excess provisions, and the Civil Monetary Penalties Statute provisions; (b) Defendant Nursing Homes’ unlawful practices of knowingly fraudulently billing Medicaid for fraudulently upcoded (from intermediate care to skilled care) therapy services which were medically unnecessary and unreasonable; (c) Defendant Nursing Homes’ unlawful practices of knowingly fraudulently billing Medicare for fraudulently upcoded (to higher than warranted RUG levels) therapy services which were medically unnecessary and unreasonable; (d) Defendant Nursing Homes’ and Defendant Hospice, Inc.’s unlawful practices of knowingly fraudulently billing Medicare and/or Medicaid with respect to hospice patients who did not qualify for hospice benefits, received medically unnecessary and unreasonable treatment and services, were subjected to fraudulent and coercive marketing practices, and whose referrals were made in violation of the Anti-Kickback Statute; and, (e) Defendants’ knowing and unlawful conspiracy to defraud Medicare and/or Medicaid with respect to the foregoing.



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2. The Relator also brings this action on behalf of the State of Georgia against Defendants for treble damages and civil penalties arising from the Defendants' knowingly materially false statements and materially false claims, knowingly made to obtain money payments from the Georgia Medicaid program which would not have been paid had the truth of the false statements and false claims been known, in violation of the State False Medicaid Claims Act, O.C.G.A. 49-4-168, *et seq.* The violations generally arise out of (a) the unlawful practices of Defendant Nursing Homes (defined below) knowingly fraudulently billing the Georgia Medicaid program for the fraudulently inflated costs of services, supplies, facilities, items and goods acquired from Defendants' related companies at unlawful rates in violation of Related Organization Costs requirements, the federal Anti-Kickback Statute, the federal Exclusions Statute's Substantially-In-Excess provisions, and the Civil Monetary Penalties Statute provisions; (b) Defendant Nursing Homes' unlawful practices of knowingly fraudulently billing the Georgia Medicaid program for fraudulently upcoded (from intermediate care to skilled care) therapy services which were medically unnecessary and unreasonable; (c) Defendant Nursing Homes' and Defendant Hospice, Inc.'s unlawful practices of knowingly fraudulently billing the Georgia Medicaid program with respect to hospice patients who did not qualify for hospice benefits, received medically unnecessary and unreasonable treatment and services, were subjected to fraudulent and coercive marketing practices, and whose referrals were made in violation of the Anti-Kickback Statute; and, (d) Defendants' knowing and unlawful conspiracy to defraud the Georgia Medicaid program with respect to the foregoing.

3. The Relator also brings this action on behalf of the State of North Carolina against Defendants for treble damages and civil penalties arising from the Defendants' knowingly materially false statements and materially false claims, knowingly made to obtain money

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payments from the North Carolina Medicaid program which would not have been paid had the truth of the false statements and false claims been known, in violation of the North Carolina False Claims Act, N.C Gen. Stat., Article 51, §1-605, *et seq.* The violations generally arise out of (a) the unlawful practices of Defendant Nursing Homes (defined below) knowingly fraudulently billing the North Carolina Medicaid program for the fraudulently inflated costs of services, supplies, facilities, items and goods acquired from Defendants' related companies at unlawful rates in violation of Related Organization Costs requirements, the federal Anti-Kickback Statute, the federal Exclusions Statute's Substantially-In-Excess provisions, and the Civil Monetary Penalties Statute provisions; (b) Defendant Nursing Homes' unlawful practices of knowingly fraudulently billing the North Carolina Medicaid program for fraudulently upcoded (from intermediate care to skilled care) therapy services which were medically unnecessary and unreasonable; (c) Defendant Nursing Homes' and Defendant Hospice, Inc.'s unlawful practices of knowingly fraudulently billing the North Carolina Medicaid program with respect to hospice patients who did not qualify for hospice benefits, received medically unnecessary and unreasonable treatment and services, were subjected to fraudulent and coercive marketing practices, and whose referrals were made in violation of the Anti-Kickback Statute; and, (e) Defendants' knowing and unlawful conspiracy to defraud the North Carolina Medicaid program with respect to the foregoing.

4. As required by the False Claims Act, 31 U.S.C. § 3730(b)(2), the Relator has provided to the Attorney General of the United States and to the United States Attorney for the Southern District of Georgia a disclosure statement (the "Disclosure Statement") of all material evidence and information related to this complaint (the "Complaint"). As required by the Georgia State False Medicaid Claims Act, O.C.G.A. 49-4-168, the Relator has served the



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Disclosure Statement of all material evidence and information related to the Complaint on the State of Georgia pursuant to O.C.G.A 49-4-168.2. As required by the North Carolina False Claims Act, N.C Gen. Stat. Article 51, §1-608, the Relator has served the Disclosure Statement of all material evidence and information related to the Complaint on the State of North Carolina. The Disclosure Statement is supported by first-hand, direct, independent personal knowledge of Relator and material evidence at the time of filing establishing the existence of the Defendants' knowingly false and fraudulent practices, materially false and fraudulent claims, materially false records, materially false statements, and conspiracy with respect thereto, as set forth herein.

**JURISDICTION and VENUE**

5. This action arises under the False Claims Act, 31 U.S.C. §§ 3729, *et seq.* This Court has jurisdiction over this case pursuant to 31 U.S.C. §§ 3732(a) and 3730(b). This Court also has jurisdiction pursuant to 28 U.S.C. § 1345 and 28 U.S.C. § 1331.

6. This Court has jurisdiction over State law claims pursuant to 31 U.S.C. § 3732(b).

7. Venue is proper in this District pursuant to 31 U.S.C. § 3732(a) because one or more of the acts proscribed by 31 U.S.C. § 3729, *et seq.* and complained of herein took place in this District, and is also proper pursuant to 28 U.S.C. § 1391 (b) and (c), because at all times material and relevant, one or more Defendants resided in and/or transacted business in this District.

**PARTIES - RELATOR**

8. Relator Teresa Vallentine is a citizen of the United States and a resident of the State of South Carolina. In 2005, the Relator became Director of Nursing at the 113-bed Laurel Baye nursing home facility in Orangeburg, South Carolina, and eventually became Administrator of the facility from January 2007 until October 2007, at which time the Relator voluntarily

terminated her job at the nursing home facility (also sometimes referenced as a “Skilled Nursing Facility,” “SNF” or “nursing home”). From July 2008 until January 2010, Relator was the Administrator of Bamberg County Nursing Home in Bamberg, South Carolina, which, upon information and belief, was acquired, in whole or in part, by Defendants Neal L. Pruitt, Jr., Pruitt-UHS Corporation and/or other Defendants, on or about August 3, 2009. The Relator brings this action based on her direct, independent, and personal knowledge and also on information and belief.

9. Relator is an original source of this information to the United States as defined by 31 U.S.C. § 3730(e)(4)(B). She has direct and independent knowledge of the information on which the allegations are based, except as to those matters and allegations which are pleaded upon information and belief, and, to those matters and allegations, she believes them to be true.

10. The United States, through the Department of Health and Human Services (“HHS”), administers the Hospital Insurance program for the Aged and Disabled established by Part A (“Medicare Part A Program”) and the Supplementary Medical Insurance program established by Part B (“Medicare Part B Program”), Title XVIII, of the Social Security Act under 42 U.S.C. Sections 1395, *et seq.* The Medicare Part A and Medicare Part B programs are federally financed health insurance systems for persons who are aged 65 and over and those who are disabled.

11. The State of Georgia, through its Department of Community Health (“DCH”) administers the Georgia Medicaid Medical Assistance Program established in accordance with Title XIX of the Federal Social Security Act, as amended, under 42 U.S.C. § 1395, *et seq.* The Georgia Medicaid program was intended to provide an array of health care services to those who, due to economic circumstances, cannot otherwise afford such health care services. The Georgia



Medicaid program was and is jointly funded with state and federal funds. The Georgia Medicaid program was and is a health care benefit program as defined under 18 U.S.C. § 24(b) and a “health care program” as defined by 42 U.S.C. § 1320a-7b(f) and is and was subject to the Georgia and federal false claims acts, including their provisions prohibiting false and fraudulent claims for payment with respect thereto.

12. The State of North Carolina, through its Department of Health and Human Services (Division of Health Service Regulation), administers the North Carolina Medicaid Medical Assistance Program established in accordance with Title XIX of the Federal Social Security Act, as amended, under 42 U.S.C. § 1395, *et seq.* The North Carolina Medicaid program is a State and Federally financed program to pay health care costs for low-income families and disabled individuals without sufficient financial means to pay such costs. The North Carolina Medicaid program was and is a health care benefit program as defined under 18 U.S.C. § 24(b) and a “health care program” as defined by 42 U.S.C. § 1320a-7b(f) and is and was subject to the North Carolina and federal false claims acts, including their provisions prohibiting false and fraudulent claims for payment with respect thereto.

13. The State of South Carolina, through its Department of Health and Human Services, administers the South Carolina Medicaid Medical Assistance Program established in accordance with Title XIX of the Federal Social Security Act, as amended, under 42 U.S.C. § 1395, *et seq.* The South Carolina Medicaid program is a State and Federally financed program to pay health care costs for low-income families and disabled individuals without sufficient financial means to pay such costs. Upon information and belief, the South Carolina Medicaid program was and is a health care benefit program as defined under 18 U.S.C. § 24(b) and a “health care program” as defined by 42 U.S.C. § 1320a-7b(f) and is subject to the federal FCA,

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including their provisions prohibiting false and fraudulent claims for payment with respect thereto. South Carolina prohibits false and fraudulent claims per statutes, including, but not limited to, S.C. Code Sections 38-55-170 and 43-7-60.

**PARTIES - DEFENDANTS**

14. Defendant Neil L. Pruitt, Jr. ("Pruitt") is, upon information and belief, a Georgia resident who, in whole or in part, directly or indirectly, owns, substantially controls, supervises and manages, and, at all times relevant to this action, in whole or in part, directly or indirectly through affiliated and related persons, entities and/or trusts, owned, substantially controlled, supervised and managed, Defendant Pruitthealth, Inc. ("Pruitthealth") and other health care operational and management entities. Upon information and belief, Defendant Pruitt is the Chief Executive Officer ("CEO") of Pruitthealth. Upon information and belief, Defendant Pruitt, in whole or in part, also owns, substantially controls, supervises and manages and, at all times relevant to this action, in whole or in part, directly or indirectly through affiliated and related persons, entities and/or trusts, owned, substantially controlled, supervised and managed, a network of Skilled Nursing Facilities (the "Defendant Nursing Homes" more particularly identified below) and ancillary "Related Companies" (as further identified below). Upon information and belief, Defendant Pruitt routinely conducts and manages his health care business conglomerate at 1626 Jeurgins Court, Norcross, Georgia 30093. Upon information and belief, Defendant Pruitt is the brother of Lisa P. Hamby and J. Paige Pruitt.

15. Defendant Nancy Pruitt ("Nancy Pruitt") is, upon information and belief, a Georgia resident who, at all times relevant to this action, in part owned, substantially controlled, supervised and managed, directly and/or indirectly through affiliated and related persons, entities and/or trusts, Defendant Pruitthealth and other related and affiliated Pruitt and/or Pruitthealth



management and health care related entities. Upon information and belief, Defendant Nancy Pruitt, at all times relevant to this action, also in part owned, substantially controlled, supervised and managed, directly and/or indirectly through affiliated and related persons, entities and/or trusts, the Defendant Nursing Homes and ancillary Related Companies. Upon information and belief, Defendant Nancy Pruitt routinely conducts business at the Pruitthealth headquarters at 1626 Jeurgins Court, Norcross, Georgia 30093. Upon information and belief, Defendant Nancy Pruitt is the mother of Defendant Pruitt, Lisa P. Hamby and J. Paige Pruitt.

16. Defendant Neil L. Pruitt, Jr. Trust ("NP Trust") is, upon information and belief, a Georgia trust in which Defendant Pruitt is the trustee and/or the beneficiary. Upon information and belief, the NP Trust is, and has been at all times relevant to this action, a direct and/or indirect part-owner of Pruitthealth with substantial control, supervision and management thereof. Upon information and belief, Defendant NP Trust, at all times relevant to this action, in part owned, substantially controlled, supervised and managed, directly and/or indirectly through affiliated and related persons, entities and/or trusts, the Defendant Nursing Homes and ancillary Related Companies. Upon information and belief, Defendant Pruitt substantially controls, directly or indirectly, and/or has a substantial influence over the operations, management, investments and decisions of the NP Trust, and uses it as a vehicle to invest in, own, operate, manage and substantially control Pruitthealth, its Skilled Nursing Facilities and Related Companies/supplier businesses which provide ancillary services to such nursing homes, including the Defendant Nursing Homes.

17. Defendant J. Paige Pruitt Trust ("JP Trust") is, upon information and belief, a Georgia trust in which Defendant Pruitt's sister, J. Paige Pruitt, is the trustee and/or the beneficiary. Upon information and belief, the JP Trust is, and has been at all times relevant to

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this action, a direct and/or indirect part-owner of Pruitthealth with substantial control, supervision and management thereof. Upon information and belief, Defendant JP Trust, at all times relevant to this action, in part owned, substantially controlled, supervised and managed, directly and/or indirectly through affiliated and related persons, entities and/or trusts, the Defendant Nursing Homes and ancillary Related Companies. Upon information and belief, Defendant Pruitt substantially controls, directly or indirectly, and/or has a substantial influence over the operations, management, investments and decisions of the JP Trust, and uses it as a vehicle to invest in, own, manage, operate and substantially control Pruitthealth, its Skilled Nursing Facilities and Related Companies/supplier businesses which provide ancillary services to such nursing homes, including the Defendant Nursing Homes.

18. Defendant Lisa P. Hamby Trust ("LP Trust") is, upon information and belief, a Georgia trust in which Defendant Pruitt's sister, Lisa P. Hamby, is the trustee and/or the beneficiary. Upon information and belief, the LP Trust is, and has been at all times relevant to this action, a direct and/or indirect part-owner of Pruitthealth with substantial control, supervision and management thereof. Upon information and belief, Defendant LP Trust, at all times relevant to this action, in part owned, substantially controlled, supervised and managed, directly and/or indirectly through affiliated and related persons, entities and/or trusts, the Defendant Nursing Homes and ancillary Related Companies. Upon information and belief, Defendant Pruitt substantially controls, directly or indirectly, and/or has a substantial influence over the operations, management, investments and decisions of the LP Trust, and uses it as a vehicle to invest in, own, manage, operate and substantially control Pruitthealth, its Skilled Nursing Facilities and Related Companies/supplier businesses which provide ancillary services to such nursing homes, including the Defendant Nursing Homes.

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19. Defendant Pruitthealth, Inc. ("Pruitthealth"), upon information and belief, is a Georgia corporation which, in whole or in part, directly and/or indirectly, owns, operates, manages, and/or substantially controls, and, at all times relevant to this action, in whole or in part, directly and/or indirectly owned, operated, managed, and/or substantially controlled the Defendant Nursing Homes and the Related Companies. Upon information and belief, Defendant Pruitthealth was formerly known as Pruitt Corporation ("Pruitt Corporation") often doing business as UHS-Pruitt Corporation ("UHS-Pruitt"). Upon information and belief, Pruitthealth's headquarters are, and have been at all times relevant to this action, located at 1626 Jeurgins Court, Norcross, Georgia 30093, and the company routinely conducts and manages its health care businesses, including the Defendant Nursing Homes and Related Companies, at its headquarters.

20. Defendant United Health Services, Inc. ("UHSI"), upon information and belief, is a Georgia corporation which, in whole or in part, directly and/or indirectly, owns, operates, manages, and/or substantially controls, and, at all times relevant to this action, in whole or in part, directly and/or indirectly, owned, operated, managed, and/or substantially controlled, the Related Companies and the Defendant Nursing Homes in four states, including the States of Florida, Georgia, North Carolina and South Carolina. Upon information and belief, Defendant UHSI, at all times relevant to this action, owned, operated, managed, and/or substantially controlled, in whole or in part, Pruitthealth and its affiliates. Upon information and belief, UHSI's headquarters are, and have been at all times relevant to this action, located at 1626 Jeurgins Court, Norcross, Georgia 30093, and the company routinely conducts and manages its health care businesses, including the Defendant Nursing Homes and Related Companies, at its headquarters. Upon information and belief, UHSI is and has been, at all times relevant to this



action, owned, operated, managed and substantially controlled, directly or indirectly, in whole or in substantial part, by Defendants Pruitt, Nancy Pruitt, NP Trust, JP Trust and/or LP Trust.

21. On January 24, 2014, Defendant Pruitthealth announced in a press release that a name change from UHS-Pruitt Corporation to Pruitthealth had been effectuated. A copy of said press release is attached hereto and incorporated herein by reference as **Exhibit 1**. Defendant Pruitthealth also still does business under the name UHS-Pruitt, and advertises its health care businesses, including the Defendant Nursing Homes, as part of the UHS-Pruitt organization. Upon information and belief, the Pruitthealth website is [www.pruitthealth.com](http://www.pruitthealth.com), and a copy of said site's home page is attached hereto and incorporated by reference as **Exhibit 2**. Upon information and belief, the Pruitthealth Facebook web page is [www.facebook.com/pruitthealth](http://www.facebook.com/pruitthealth), and a copy of an excerpt of said web page is attached hereto and incorporated by reference as **Exhibit 3**. Upon information and belief, UHS-Pruitt has at least two websites, to wit, <http://pruitthealth.net> and <http://uhs-pruitt.com>, which each link to the same home page, a copy of which is attached hereto and incorporated herein by reference as **Exhibit 4**. Upon information and belief, Pruitthealth's LinkedIn web page is [www.linkedin.com/company/71800](http://www.linkedin.com/company/71800), and a copy of said web page is attached hereto and incorporated by reference as **Exhibit 5**.

22. Hereinafter, Pruitthealth, Inc., UHS-Pruitt, Pruitt Corporation and UHSI are collectively referenced as "Pruitthealth."

23. The following are the Skilled Nursing Facilities which are and/or have been advertised by Pruitthealth on its websites as being part of the Pruitthealth organization, and in which are doing business under the Pruitthealth umbrella, and, upon information and belief, directly or indirectly, in whole or in part, are, and have been at all times relevant to this action, owned, managed, operated and substantially controlled by Defendants Pruitthealth, Pruitt, Nancy

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Pruitt, NP Trust, JP Trust and/or LP Trust: Bethany Nursing Center of Millen; Bethany Nursing Center of Vidalia; Christian City Rehabilitation Center; Heritage Healthcare of Ashburn; Heritage Healthcare of Blue Ridge; Heritage Healthcare of Farmville; Heritage Healthcare of Fitzgerald; Heritage Healthcare of Forsyth; Heritage Healthcare of Fort Oglethorpe; Heritage Healthcare of Franklin; Heritage Healthcare at Grandview; Heritage Healthcare of Griffin; Heritage Healthcare at Holly Hill; Heritage Healthcare of Jasper; Heritage Healthcare of LaFayette; Heritage Healthcare at Lakehaven; Heritage Healthcare of Lilburn; Heritage Healthcare of Macon; Heritage Healthcare of Monroe; Heritage Healthcare at Osceola; Heritage Healthcare of Pickens; Heritage Healthcare at Shepherd Hills; Heritage Healthcare at Spring Valley; Heritage Healthcare at Sunrise; Heritage Healthcare at Taylor Place; Heritage Healthcare at The Pines; Heritage Healthcare of Toccoa; Heritage Healthcare of Toombsboro; Heritage Healthcare of Valdosta; Heritage Healthcare of West Atlanta; Heritage Healthcare of Wilkes; Laurel Park; Palmyra Nursing Home; Parkwood Developmental Center; Pruitthealth – Covington; Pruitthealth – Rome; Sadie G. Mays Health & Rehab Center; Sylvester Health Care; The Oaks at Limestone; The Oaks at Mayview; The Oaks at Peake; The Oaks at Scenic View; The Oaks at Town Center; The Oaks of Athens; The Oaks of Brevard; The Oaks of Carrollton; UniHealth Post-Acute Care – Aiken; UniHealth Post-Acute Care – Athens Heritage; UniHealth Post-Acute Care – Augusta; UniHealth Post-Acute Care – Augusta Hills; UniHealth Post-Acute Care – Austell; UniHealth Post-Acute Care of Bamberg; UniHealth Post-Acute Care – Barnwell; UniHealth Post-Acute Care – Blythewood; UniHealth Post-Acute Care – Brookhaven; UniHealth Post-Acute Care – Carolina Point; UniHealth Post-Acute Care – Columbia; UniHealth Post-Acute Care – Decatur; UniHealth Post-Acute Care of Durham; UniHealth Post-Acute Care – Elkin; UniHealth Post-Acute Care – Fairburn; UniHealth Post-Acute Care – Greenville;

UniHealth Post-Acute Care – High Point; UniHealth Post-Acute Care – Lanier; UniHealth Post-Acute Care – Low Country; UniHealth Magnolia Manor South; UniHealth Post-Acute Care – Marietta; UniHealth Post-Acute Care – Moncks Corner; UniHealth Post-Acute Care – Moultrie; UniHealth Post-Acute Care – Neuse; UniHealth Post-Acute Care – North Augusta; UniHealth Post-Acute Care – Oakwood; UniHealth Post-Acute Care – Old Capitol; UniHealth Post-Acute Care – Orangeburg; UniHealth Post-Acute Care – Raleigh; UniHealth Post-Acute Care – Rock Hill; UniHealth Post-Acute Care – Santa Rosa; UniHealth Post-Acute Care – Savannah; UniHealth Post-Acute Care – Swainsboro; UniHealth Post-Acute Care – Tanglewood; and, UniHealth Post-Acute Care – Trent. **Exhibit 6**, attached hereto and incorporated herein by reference, is a list of the Skilled Nursing Facilities located in Florida, Georgia, North Carolina and South Carolina as advertised by Pruitthealth on its websites, in a document called “Family of Providers.”

24. Defendant Nursing Homes (“Defendant Nursing Homes”) are Skilled Nursing Facilities located in Florida, Georgia, North Carolina, and South Carolina. Upon information and belief, each of these Defendant Nursing Homes is a limited liability company, limited liability corporation, or corporation. Upon information and belief, each of the Defendant Nursing Homes is doing business in the state in which the SNF facility is located. Upon information and belief, each of these Defendant Nursing Homes is, directly or indirectly, in whole or in part, owned, substantially controlled, managed, and/or operated by Defendants Pruitt, Pruitthealth, Nancy Pruitt, NP Trust, JP Trust and LP Trust. Upon information and belief, the Defendant Nursing Homes include Lowndes County Health Services, LLC d/b/a as four entities, to wit, (a) Pruitthealth – Crestwood a/k/a Heritage Healthcare at Crestwood, (b) Pruitthealth – Holly Hill a/k/a Heritage Healthcare at Holly Hill, (c) Pruitthealth – Lakehaven a/k/a Heritage Healthcare at



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Lakehaven, and (d) Pruitthealth – Valdosta a/k/a Heritage Healthcare of Valdosta; Parkwood Developmental Center, Inc.; Pruitthealth – Aiken, LLC f/k/a Unihealth Post-Acute Care - Aiken, LLC; Pruitthealth – Ashburn, LLC f/k/a Heritage Healthcare of Ashburn, LLC d/b/a Heritage Healthcare of Ashburn; Pruitthealth – Athens Heritage, LLC f/k/a Unihealth Post-Acute Care – Athens Heritage, LLC; Pruitthealth – Augusta, LLC f/k/a Unihealth Post-Acute Care - Augusta, LLC; Pruitthealth – Augusta Hills, LLC f/k/a Unihealth Post-Acute Care - Augusta Hills, LLC; Pruitthealth – Austell, LLC f/k/a Unihealth Post-Acute Care - Austell, LLC; Pruitthealth – Bamberg, LLC f/k/a Unihealth Post-Acute Care of Bamberg, LLC; Pruitthealth – Barnwell, LLC f/k/a Unihealth Post-Acute Barnwell, LLC; Pruitthealth – Bethany, LLC f/k/a UHS – Bethany of Millen, LLC d/b/a Bethany Nursing Center of Vidalia; Pruitthealth – Blue Ridge, LLC f/k/a Heritage Healthcare of Blue Ridge, LLC; Pruitthealth – Blythewood, LLC f/k/a Unihealth Post-Acute Care - Blythewood, LLC; Pruitthealth – Brookhaven, LLC f/k/a Unihealth Post-Acute Care - Brookhaven, LLC; Pruitthealth – Carolina Point, LLC f/k/a Unihealth Post-Acute Care - Carolina Point, LLC; Pruitthealth -- Christian City, LLC f/k/a UHS Christian City HCC, LLC; Pruitthealth – Columbia, LLC f/k/a Unihealth Post-Acute Care - Columbia, LLC; Pruitthealth – Decatur, LLC f/k/a Unihealth Post-Acute Care - Decatur, LLC; Pruitthealth – Dillon, LLC f/k/a Heritage Healthcare at the Pines, LLC; Pruitthealth – Elkin, LLC f/k/a Unihealth Post-Acute Care - Elkin, LLC; Pruitthealth – Estill, LLC f/k/a Heritage Healthcare of Estill, LLC d/b/a Unihealth Post-Acute Care Low Country; Pruitthealth – Moncks Corner, LLC f/k/a Unihealth Post-Acute Care of Moncks Corner, LLC; Pruitthealth – Farmville, LLC f/k/a Heritage Healthcare of Farmville, LLC; Pruitthealth – Forsyth, LLC f/k/a Heritage Healthcare of Forsyth, LLC; Pruitthealth – Fort Oglethorpe, LLC f/k/a Heritage Healthcare of Fort Oglethorpe, LLC; Pruitthealth – Franklin, LLC f/k/a Heritage Healthcare of Franklin, LLC; Pruitthealth –

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Grandview, LLC f/k/a Heritage Healthcare at Grandview, LLC; Pruitthealth – Greenville, LLC f/k/a Heritage Healthcare of Greenville, LLC; Pruitthealth – Griffin, LLC f/k/a Heritage Healthcare of Griffin, LLC; Pruitthealth – High Point, LLC f/k/a Unihealth Post-Acute Care - High Point, LLC; Pruitthealth – Jasper, LLC f/k/a Heritage Healthcare of Jasper, LLC; Pruitthealth – Lafayette, LLC f/k/a Heritage Healthcare of Lafayette, LLC; Pruitthealth – Lanier, LLC f/k/a Unihealth Post-Acute Care - Lanier, LLC; Pruitthealth – Lilburn, LLC f/k/a Heritage Healthcare of Lilburn, LLC; Pruitthealth – Macon, LLC f/k/a Heritage Healthcare of Macon, LLC; Pruitthealth – Magnolia Manor, LLC f/k/a Unihealth Magnolia Manor South, LLC; Pruitthealth – Moncks Corners, LLC f/k/a Unihealth Post-Acute Care of Moncks Corner, LLC; Pruitthealth – Monroe, LLC f/k/a Heritage Healthcare of Monroe, LLC; Pruitthealth – Moultrie, LLC f/k/a Unihealth Post-Acute Care - Moultrie, LLC; Pruitthealth – North Augusta, LLC f/k/a Unihealth Post-Acute Care North Augusta, LLC; Pruitthealth – Old Capitol, LLC f/k/a Unihealth Post-Acute Care - Old Capitol, LLC; Pruitthealth – Orangeburg, LLC f/k/a Unihealth Post-Acute Care Orangeburg, LLC; Pruitthealth – Peake, LLC f/k/a The Oaks at Peake, LLC; Pruitthealth – Pickens, LLC f/k/a Heritage Healthcare of Pickens, LLC; Pruitthealth – Raleigh, LLC f/k/a Unihealth Post-Acute Care - Raleigh, LLC; Pruitthealth – Ridgeway, LLC f/k/a Unihealth Post-Acute Care - Tanglewood, LLC; Pruitthealth – Rock Hill, LLC f/k/a Unihealth Post-Acute Care - Rock Hill, LLC; Pruitthealth – Rome, LLC; Pruitthealth – Sadie G. Mays, LLC f/k/a UHS – Sadie G. Mays, LLC; Pruitthealth – Santa Rosa, LLC f/k/a Unihealth Post-Acute Care - Santa Rosa, LLC d/b/a Unihealth Post-Acute Care – Santa Rosa; Pruitthealth – Savannah, LLC f/k/a Heritage Healthcare of Savannah, LLC; Pruitthealth – Shepherd Hills, LLC f/k/a Heritage Healthcare at Shepherd Hills, LLC; Pruitthealth – Spring Valley, LLC f/k/a Heritage Healthcare at Spring Valley, LLC; Pruitthealth – Sunrise, LLC f/k/a Heritage Healthcare at Sunrise, LLC;

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Pruitthealth – Swainsboro, LLC f/k/a Unihealth Post-Acute Care - Swainsboro, LLC;  
Pruitthealth – Sylvester, LLC; Pruitthealth – Toccoa, LLC f/k/a Heritage Healthcare of Toccoa, LLC; Pruitthealth – Toombsboro, LLC f/k/a Heritage Healthcare of Toombsboro, LLC; Pruitthealth – Town Center, LLC f/k/a The Oaks at Town Center, LLC; Pruitthealth – Trent, LLC f/k/a Unihealth Post-Acute Care - Trent, LLC; Pruitthealth – Walterboro, LLC f/k/a Unihealth Post-Acute Care Oakwood, LLC f/k/a Heritage Healthcare of Walterboro, LLC; Pruitthealth – Washington, LLC f/k/a Heritage Healthcare of Wilkes, LLC; Pruitthealth – West Atlanta, LLC f/k/a Heritage Healthcare of West Atlanta, LLC; The Oaks – Athens Skilled Nursing, LLC f/k/a The Oaks of Athens, LLC; The Oaks of Brevard, LLC; The Oaks – Carrollton, LLC f/k/a The Oaks of Carrollton, LLC; The Oaks of Fairburn, LLC; The Oaks – Limestone, LLC f/k/a The Oaks at Limestone, LLC; The Oaks at Mayview, LLC; and, The Oaks at Scenic View, LLC.

25. At all times relevant to this action, upon information and belief, Defendants Pruitthealth, Pruitt, UHSI, Nancy Pruitt, NP Trust, JP Trust and/or LP Trust also owned a significant part of, owned a significant equity interest in, and substantially controlled, managed, operated and supervised, in whole or in significant part, directly and/or indirectly, the related companies (collectively, the “Related Companies”) set forth below which provided services, supplies, facilities, items and goods to the Defendant Nursing Homes. Upon information and belief, at all times relevant to this action, Defendant Pruitt served as CEO of these Related Companies, and Defendant Nancy Pruitt served as an officer of these Related Companies. Upon information and belief, these Related Companies include, but are not necessarily limited to:

- Pruitthealth Medical Supply, LLC f/k/a United Medical, Inc.;
- Pruitthealth Consulting Services, Inc. f/k/a United Clinical Services, Inc.;
- Pruitthealth Food and Linen Services, Inc. f/k/a United Food and Linen Services, Inc.;
- Pruitthealth Hospice, Inc. f/k/a United Hospice, Inc.;
- Pruitthealth Therapy Services, Inc. f/k/a United Rehab, Inc.;



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- Pruitt Tran, Inc.;
- Pruitthealth Pharmacy Services, Inc. f/k/a United Pharmacy Services, Inc.;
- Pruitthealth Pharmacy Services of Atlanta, Inc. f/k/a United Pharmacy Services of Atlanta, Inc.;
- Pruitthealth Pharmacy Services – Christian City, LLC f/k/a United Pharmacy Services – Christian City, LLC;
- United Pharmacy Services of Lexington;
- Pruitthealth Pharmacy Services of Valdosta, Inc. f/k/a United Pharmacy Services of Valdosta, Inc.;
- Pruitthealth Construction Services, LLC f/k/a UniChoice Environmental Services, LLC;
- Pruitthealth Nutritional Supply, Inc. f/k/a United Nutritional Services, Inc.;
- Unihealth Solutions, Inc.;
- Unihealth Solutions of North Georgia, Inc.;
- Unisource Solutions, LLC; and,
- UHS Health Services, Inc.

26. Defendant Pruitthealth Hospice, Inc. f/k/a United Hospice, Inc. (“Hospice”), upon information and belief, is, and has been at all times relevant to this action, a Georgia corporation which operates hospice services in four states, to wit, Florida, Georgia, North Carolina and South Carolina. Upon information and belief, Defendant Hospice’s headquarters are, and have been at all times relevant to this action, located at 1626 Jeurgins Court, Norcross, Georgia 30093, and the company routinely conducts and manages its hospice care business with the Defendant Nursing Homes, in violation of the federal Anti-kickback Statute and the federal False Claims Act, as more fully set forth below.

27. Upon information and belief, Defendant Nursing Homes and Defendant Pruitthealth, to a significant extent, are associated or affiliated with, or have substantial control of, or are substantially controlled by, the Related Company organizations furnishing the services, facilities, goods, items or supplies to the Defendant Nursing Homes.

28. Upon information and belief, Defendant Nursing Homes and the Related Companies have common ownership.

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29. Upon information and belief, the common owners possess significant ownership of or equity in both the Defendant Nursing Homes and the Related Companies which provide and, at all times relevant to this action, have provided services, supplies, facilities, items and good to the Defendant Nursing Homes.

30. Upon information and belief, the common owners of the Defendant Nursing Homes and the Related Companies include, but are not necessarily limited to, Defendants Pruitt, Nancy Pruitt, Pruitthealth, NP Trust, JP Trust and LP Trust.

31. Upon information and belief, Defendants Pruitt, Nancy Pruitt, Pruitthealth, NP Trust, JP Trust and LP Trust, individually and/or collectively, have and had, at all times relevant to this action, the power, directly or indirectly, to significantly and substantially influence, control or direct the actions or policies of the Defendant Nursing Homes and the Related Companies.

32. Defendants John Does 1-100 are and were, at all times relevant to this action, administrators and/or administrative personnel of each of their respective employing Defendant Nursing Homes. Upon information and belief, it was the part of the John Doe Defendants' responsibility as administrators of the Defendant Nursing Homes to submit, or cause to be submitted, to Medicare and Medicaid, the respective materially false and fraudulent cost reports and/or claims for payment that form the bases for the allegations contained in this Complaint.

33. Defendant Dennis Wheeler ("Wheeler") is, upon information and belief, a South Carolina resident who, in whole or in part, directly or indirectly, owns, substantially controls, supervises and manages, and, at all times relevant to this action, owned, substantially controlled, supervised and managed, a number of SNFs and ancillary health care companies and management entities which provide services, items and goods to nursing homes and generally

conduct business in Florida, Georgia, North Carolina and/or South Carolina. Upon information and belief, the Wheeler SNFs are, in whole or substantial part, owned, substantially controlled, managed, supervised, operated, and marketed under the Laurel Baye Healthcare Company a/k/a Laurel Baye Healthcare, LLC (sometimes referenced as “Laurel Baye”), of which Defendant Wheeler is and was, at all times relevant to this action, the CEO. Upon information and belief, Laurel Baye Healthcare Company is based in Mt. Pleasant, South Carolina, and, according to its web profile, “owns and operates skilled nursing facilities in Georgia and South Carolina. Our services include complex nursing care, long-term care services, and short-term rehabilitation services.”<sup>1</sup> Upon information and belief, Defendant Wheeler, in whole or in part, also owns, substantially controls, supervises, operates and/or manages and, at times relevant to this action, owned, substantially controlled, supervised, operated and/or managed, directly, and/or indirectly through affiliated and related persons and/or entities, in particular, Defendant Bernard Ross, a former employee of Wheeler and/or Laurel Baye, one or more SNF ancillary health care companies and management entities (sometimes referenced as the “Bernie Ross Ancillary Companies”). Upon information and belief, Defendants Wheeler and Bernard Ross have been, and continue to be, business partners in one or more health care related companies, entities or ventures, including Laurel Baye. Upon information and belief, Defendant Wheeler has knowingly and willfully conspired and combined with Ross, the other Defendants, and the Bernie Ross Ancillary Companies, to evade and violate the applicable laws, regulations and rules regarding costs to related organizations/related parties, the Anti-kickback Statute, the Exclusions Statute, and the Substantially-in-Excess Rules, all of which caused and/or resulted in the presentation of materially false and fraudulent claims to federal and applicable state health care

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<sup>1</sup><http://www.zoominfo.com/s/#!search/profile/company?companyId=43322471&targetid=profile>.



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benefit programs in violation of the False Claims Act and the Medicaid fraud and/or the false claims act laws of Florida, Georgia, North Carolina and/or South Carolina.

34. Defendant Bernard Ross a/k/a Bernie Ross ("Ross") is, upon information and belief, a Georgia resident who, in whole or in part, directly or indirectly, owns, substantially controls, supervises, operates and manages, and, at times relevant to this action, owned, substantially controlled, supervised, operated and/or managed, the Bernie Ross Ancillary Companies, which generally conduct business throughout the Southeast, including Florida, Georgia, North Carolina and/or South Carolina. Upon information and belief, the Bernie Ross Ancillary Companies were known as Laurel Baye Allied Health Resources, LLC a/k/a or n/k/a Allied Health Resources, LLC. Upon information and belief, Defendants Wheeler and Ross have been, and continue to be, business partners in one or more health care related companies, entities or ventures. Upon information and belief, Defendant Ross has knowingly and willfully conspired and combined with Wheeler and the other Defendants to evade and violate the applicable laws, regulations and rules regarding costs to related organizations/related parties, the Anti-kickback Statute, the Exclusions Statute, and the Substantially-in-Excess Rules, all of which caused and/or resulted in the presentation of materially false and fraudulent claims by the Defendants to federal and applicable state health care benefit programs in violation of the False Claims Act and the Medicaid fraud and/or the false claims act laws of Florida, Georgia, North Carolina and/or South Carolina.

35. Upon information and belief, at all times relevant to this action, Defendants Pruitt, Pruitthealth, Nancy Pruitt, NP Trust, JP Trust and LP Trust owned and/or substantially controlled, directly and/or indirectly, the Defendant Nursing Homes and the individual Related Companies providing services, supplies, items, facilities and goods to the Defendant Nursing

Homes, in a manner inconsistent with their treatment as separate and distinct entities. Under the applicable Medicare, Medicaid and state statutes, regulations, rules and manuals, including 42 C.F.R. § 413.17 and Chapter 10 of the Centers for Medicare and Medicaid Services (“CMS”) Provider Reimbursement Manual, Pub. 15-1, the Related Companies should not be treated as separate and distinct entities from the Defendant Nursing Homes and Defendant Pruitthealth for purposes of establishing liability in this action under the federal False Claims Act and the false claims acts of Georgia and North Carolina.

36. All of the Defendant Nursing Homes, Pruitthealth, and Hospice have knowingly submitted or presented materially false claims to the Medicare and Medicaid programs and the States of Florida, Georgia, North Carolina and South Carolina. These materially false and fraudulent claims include, but are not limited to, (a) false claims for reimbursement of costs of the Related Companies/Organizations which are and were not eligible for reimbursement by the federal government health care benefits programs and the States of Florida, Georgia, North Carolina and/or South Carolina, in knowing violation of 42 C.F.R. § 413.17, Chapter 10 of CMS Provider Reimbursement Manual, Pub. 15-1, and/or related applicable federal and state statutes, regulations and rules; (b) false claims for upcoded therapy services which were medically unreasonable and unnecessary; (c) false claims made in violation of the Anti-Kickback Statute, and related rules and regulations; (d) false claims made in violation of the Exclusion Statute, rules and regulations, including its Substantially-In-Excess provisions; and, (e) false claims made in violation of the Civil Monetary Penalties Statute, rules and regulations. All of the Defendant Nursing Homes, Pruitthealth, and Hospice have knowingly used materially false records and statements to support those false claims. All of the Defendants have knowingly presented, or caused to be presented, materially false and fraudulent claims for payment to the States of

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Florida, Georgia, North Carolina and/or South Carolina and the federal health care benefit programs, including Medicare and Medicaid, in violation of 31 U.S.C. § 3729(a)(1)(A), and the respective false claims acts and/or Medicaid fraud statutes of the States of Florida, Georgia, North Carolina and/or South Carolina, as set forth herein. All of the Defendants have knowingly made, used or caused to be made or used, one or more materially false records or false statements material to a false or fraudulent claim to the States of Florida, Georgia, North Carolina and/or South Carolina and the federal health care benefit programs, including Medicare and Medicaid, in violation of 31 U.S.C. § 3729(a)(1)(B), and the respective false claims acts and/or Medicaid fraud statutes of the States of Florida, Georgia, North Carolina and/or South Carolina, as set forth herein. All of the Defendants have knowingly made, used or caused to be made or used, one or more materially false records or false statements material to an obligation to pay or transmit money or property to the federal Government and the States of Florida, Georgia, North Carolina and/or South Carolina, or knowingly concealed or knowingly and improperly avoided or decreased an obligation to pay or transmit money or property to the federal Government and the States of Florida, Georgia, North Carolina and/or South Carolina, including the federal health care benefit programs Medicare and Medicaid, in violation of 31 U.S.C. § 3729(a)(1)(G), and the respective false claims acts and/or Medicaid fraud statutes of the States of Florida, Georgia, North Carolina and/or South Carolina, as set forth herein. Defendants Pruitt, Nancy Pruitt, NP Trust, JP Trust, LP Trust, Ross, Wheeler and the individual John Doe Defendants have knowingly conspired and combined to commit, with themselves and others, and have knowingly aided and abetted each other in the commission of, violations of 31 U.S.C. §§ 3729(a)(1)(A), (B), and (G) as more fully set forth in this Complaint, all in violation of 31



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U.S.C. § 3729(a)(1)(C) and the respective false claims acts and/or Medicaid fraud statutes of the States of Florida, Georgia, North Carolina and/or South Carolina.

**LAW**

37. The False Claims Act ("FCA"), at 31 U.S.C. § 3729, provides, in pertinent part, as follows:

(a) Liability for certain acts.

(1) In general. Subject to paragraph (2), any person who—

(A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;

(B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;

(C) conspires to commit a violation of subparagraph (A), (B), (D), (E), (F), or (G);...

(G) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Government, is liable to the United States Government for a civil penalty of not less than \$ 5,500 and not more than \$ 11,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461 note; Public Law 104-410), plus 3 times the amount of damages which the Government sustains because of the act of that person.

(b) Definitions. For purposes of this section--

(1) the terms "knowing" and "knowingly"--

(A) mean that a person, with respect to information--

(i) has actual knowledge of the information;

(ii) acts in deliberate ignorance of the truth or falsity of the information; or

(iii) acts in reckless disregard of the truth or falsity of the information; and

(B) require no proof of specific intent to defraud;

(2) the term "claim"--

(A) means any request or demand, whether under a contract or otherwise, for money or property and whether or not the United States has title to the money or property, that--

(i) is presented to an officer, employee, or agent of the United States; or

(ii) is made to a contractor, grantee, or other recipient, if the money or property is to be spent or used on the Government's behalf or to advance a Government program or interest, and if the United States Government--

(I) provides or has provided any portion of the money or property requested or demanded; or

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(II) will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded; and

(B) does not include requests or demands for money or property that the Government has paid to an individual as compensation for Federal employment or as an income subsidy with no restrictions on that individual's use of the money or property;

(3) the term "obligation" means an established duty, whether or not fixed, arising from an express or implied contractual, grantor-grantee, or licensor-licensee relationship, from a fee-based or similar relationship, from statute or regulation, or from the retention of any overpayment; and

(4) the term "material" means having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property.

38. The False Statements Relating To Health Care criminal statute, at 18 U.S.C. § 1035, provides as follows:

(a) Whoever, in any matter involving a health care benefit program, knowingly and willfully—

(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; or

(2) makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry,

in connection with the delivery of or payment for health care benefits, items, or services, shall be fined under this title or imprisoned not more than 5 years, or both.

(b) As used in this section, the term "health care benefit program" has the meaning given such term in section 24 (b) of this title.

39. The criminal false claims statute, at 18 U.S.C. § 287, provides as follows:

Whoever makes or presents to any person or officer in the civil, military, or naval service of the United States, or to any department or agency thereof, any claim upon or against the United States, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent, shall be imprisoned not more than five years and shall be subject to a fine in the amount provided in this title.

40. The criminal conspiracy to commit false claims statute, at 18 U.S.C. § 286, provides as follows:

Whoever enters into any agreement, combination, or conspiracy to defraud the United States, or any department or agency thereof, by obtaining or aiding to

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obtain the payment or allowance of any false, fictitious or fraudulent claim, shall be fined under this title or imprisoned not more than ten years, or both.

41. The criminal False Statements statute, at 18 U.S.C. § 1001, provides in pertinent part as follows:

(a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully—

- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
  - (2) makes any materially false, fictitious, or fraudulent statement or representation; or
  - (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;
- shall be fined under this title, imprisoned not more than 5 years....

42. The Health Care Fraud statute, at 18 U.S.C. § 1347, provides, in pertinent part, as follows:

Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice—

- (1) to defraud any health care benefit program; or
- (2) to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program,

in connection with the delivery of or payment for health care benefits, items, or services, shall be fined under this title or imprisoned not more than 10 years, or both. If the violation results in serious bodily injury (as defined in section 1365 of this title), such person shall be fined under this title or imprisoned not more than 20 years, or both; and if the violation results in death, such person shall be fined under this title, or imprisoned for any term of years or for life, or both.

43. The Health Care Fraud criminal conspiracy statute, at 18 U.S.C. § 1349, provides, in pertinent part, as follows:

Any person who attempts or conspires to commit any offense under this chapter shall be subject to the same penalties as those prescribed for the offense, the commission of which was the object of the attempt or conspiracy.



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44. Section 1128B of the Social Security Act, at 42 U.S.C. § 1320a-7b (sometimes referenced as the “Anti-Kickback Statute” or “AKS” or “AKS Statute”), provides, in pertinent part, as follows:

(a) Making or causing to be made false statements or representations

Whoever—

- (1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program (as defined in subsection (f) of this section),
- (2) at any time knowingly and willfully makes or causes to be made any false statement or representation of a material fact for use in determining rights to such benefit or payment,
- (3) having knowledge of the occurrence of any event affecting
  - (A) his initial or continued right to any such benefit or payment, or
  - (B) the initial or continued right to any such benefit or payment of any other individual in whose behalf he has applied for or is receiving such benefit or payment, conceals or fails to disclose such event with an intent fraudulently to secure such benefit or payment either in a greater amount or quantity than is due or when no such benefit or payment is authorized,
- (4) having made application to receive any such benefit or payment for the use and benefit of another and having received it, knowingly and willfully converts such benefit or payment or any part thereof to a use other than for the use and benefit of such other person,  
... shall

(i) in the case of such a statement, representation, concealment, failure, or conversion by any person in connection with the furnishing (by that person) of items or services for which payment is or may be made under the program, be guilty of a felony and upon conviction thereof fined not more than \$25,000 or imprisoned for not more than five years or both, or

(ii) in the case of such a statement, representation, concealment, failure, conversion, or provision of counsel or assistance by any other person, be guilty of a misdemeanor and upon conviction thereof fined not more than \$10,000 or imprisoned for not more than one year, or both. In addition, in any case where an individual who is otherwise eligible for assistance under a Federal health care program is convicted of an offense under the preceding provisions of this subsection, the administrator of such program may at its option (notwithstanding any other provision of such program) limit, restrict, or suspend the eligibility of that individual for such period (not exceeding one year) as it deems appropriate; but the imposition of a limitation, restriction, or suspension with respect to the eligibility of any individual under this sentence shall not affect the eligibility of any other person for assistance under the plan, regardless of the relationship between that individual and such other person....

(b) Illegal remunerations

(1) whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind--

(A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or

(B) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program,

shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(2) whoever knowingly and willfully offers or pays any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person--

(A) to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or

(B) to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program,

shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

45. Section 1128A of the Social Security Act, Civil Monetary Penalties (the “CMP Statute”), 42 U.S.C. § 1320a-7a(7), prohibits and penalizes any person or entity who: commits an act described in paragraph (b)(1) or (b)(2) of the AKS Statute, and 42 U.S.C. § 1320a-7a(8) prohibits and penalizes any person or entity who: “knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim for payment for items and services furnished under a Federal health care program[.]”

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46. Section 1128 of the Social Security Act (the “Exclusions Statute”), at 42 U.S.C. § 1320a-7(b)(6) (sometimes referenced as the “Substantially-in-Excess Rules” or “SIE Rules”), provides a permissive exclusion from participation in federal health benefits programs for any individual person or entity who:

(A) has submitted or caused to be submitted bills or requests for payment (where such bills or requests are based on charges or cost) under subchapter XVIII of this chapter or a State health care program containing charges (or, in applicable cases, requests for payment of costs) for items or services furnished substantially in excess of such individual's or entity's usual charges (or, in applicable cases, substantially in excess of such individual's or entity's costs) for such items or services, unless the Secretary finds there is good cause for such bills or requests containing such charges or costs;

(B) has furnished or caused to be furnished items or services to patients (whether or not eligible for benefits under subchapter XVIII of this chapter or under a State health care program) substantially in excess of the needs of such patients or of a quality which fails to meet professionally recognized standards of health care;

(emphasis added)

47. Section 1128 of the Social Security Act (the “Exclusions Statute”), at 42 U.S.C. § 1320a-7(b)(7), provides a permissive exclusion from participation in federal health benefits programs for any individual person or entity who “has committed an act which is described in ...” Section 1320a-7a (the CMP Statute) or Section 1320a-7b (the AKS Statute).

48. The Georgia State False Medicaid Claims Act, O.C.G.A. Section 49-4-168.1, provides in pertinent part, as follows:

(a) Any person who:

(1) Knowingly presents or causes to be presented to the Georgia Medicaid program a false or fraudulent claim for payment or approval;

(2) Knowingly makes, uses, or causes to be made or used a false record or statement to get a false or fraudulent claim paid or approved by the Georgia Medicaid program;

(3) Conspires to defraud the Georgia Medicaid program by getting a false or



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fraudulent claim allowed or paid;

(4) Has possession, custody, or control of property or money used or to be used by the Georgia Medicaid program and, intending to defraud the Georgia Medicaid program or willfully to conceal the property, delivers, or causes to be delivered, less property than the amount for which the person receives a certificate of receipt;

(5) Being authorized to make or deliver a document certifying receipt of property used, or to be used, by the Georgia Medicaid program and, intending to defraud the Georgia Medicaid program, makes or delivers the receipt without completely knowing that the information on the receipt is true;

(6) Knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the Georgia Medicaid program who lawfully may not sell or pledge the property; or

(7) Knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay, repay, or transmit money or property to the State of Georgia

shall be liable to the State of Georgia for a civil penalty of not less than \$5,500.00 and not more than \$11,000.00 for each false or fraudulent claim, plus three times the amount of damages which the Georgia Medicaid program sustains because of the act of such person.

49. The North Carolina False Claims Act, N.C Gen. Stat., Article 51, Section 1-607, provides in pertinent part, as follows:

(a) Liability. - Any person who commits any of the following acts shall be liable to the State for three times the amount of damages that the State sustains because of the act of that person. A person who commits any of the following acts also shall be liable to the State for the costs of a civil action brought to recover any of those penalties or damages and shall be liable to the State for a civil penalty of not less than five thousand five hundred dollars (\$5,500) and not more than eleven thousand dollars (\$11,000) for each violation:

(1) Knowingly presents or causes to be presented a false or fraudulent claim for payment or approval.

(2) Knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim.

(3) Conspires to commit a violation of subdivision (1), (2), (4), (5), (6), or (7) of this section.

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(4) Has possession, custody, or control of property or money used or to be used by the State and knowingly delivers or causes to be delivered less than all of that money or property.

(5) Is authorized to make or deliver a document certifying receipt of property used or to be used by the State and, intending to defraud the State, makes or delivers the receipt without completely knowing that the information on the receipt is true.

(6) Knowingly buys, or receives as a pledge of an obligation or debt, public property from any officer or employee of the State who lawfully may not sell or pledge the property.

(7) Knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the State, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the State.

50. The South Carolina Code, at Section 38-55-170, entitled "Presenting false claims for payment," provides as follows:

A person who knowingly causes to be presented a false claim for payment to an insurer transacting business in this State, to a health maintenance organization transacting business in this State, or to any person, including the State of South Carolina, providing benefits for health care in this State, whether these benefits are administered directly or through a third person, or who knowingly assists, solicits, or conspires with another to present a false claim for payment as described above, is guilty of a:

(1) felony if the amount of the claim is ten thousand dollars or more. Upon conviction, the person must be imprisoned not more than ten years or fined not more than five thousand dollars, or both;

(2) felony if the amount of the claim is more than two thousand dollars but less than ten thousand dollars. Upon conviction, the person must be fined in the discretion of the court or imprisoned not more than five years, or both;

(3) misdemeanor triable in magistrates court or municipal court, notwithstanding the provisions of Sections 22-3-540, 22-3-545, 22-3-550, and 14-25-65, if the amount of the claim is two thousand dollars or less. Upon conviction, the person must be fined not more than one thousand dollars, or imprisoned not more than thirty days, or both.

51. The South Carolina Code, at Section 43-7-60, sometimes referenced as South Carolina's "Medicaid Fraud Statute," provides in part as follows: "(B) It is unlawful for a provider of medical assistance, goods, or services to knowingly and wilfully make or cause to be made a false claim, statement, or representation of a material fact: (1) in an application or request, including an electronic or computer generated claim, for a benefit, payment, or reimbursement from a state or federal agency which administers or assists in the administration of the state's medical assistance or Medicaid program[.]"

52. Medicare is considered a "health care benefit program" as defined by 18 U.S.C. § 24 and/or a "health care program" as defined by 42 U.S.C. § 1320a-7b(f), and is subject to the federal FCA, including its provisions prohibiting false and fraudulent claims for payment with respect thereto.

53. Medicaid is considered a "health care benefit program" as defined by 18 U.S.C. § 24 and/or a "health care program" as defined by 42 U.S.C. § 1320a-7b(f), and is subject to the federal FCA, including its provisions prohibiting false and fraudulent claims for payment with respect thereto.

54. Skilled nursing facilities such as the Defendant Nursing Homes are reimbursed by Medicare under the Prospective Payment System (PPS) whereby the facilities are paid a pre-determined daily rate for each day of skilled nursing and rehabilitation services it provides to a patient. 63 Fed. Reg. 26, 252, 26, 259-60 (May 12, 1998).

55. The daily PPS rate paid to a skilled nursing facility depends in part on the Resource Utilization Group (RUG) level to which a patient is assigned. Each distinct RUG is intended to reflect the anticipated costs associated with providing nursing and rehabilitation services to beneficiaries with similar characteristics or resource needs.



56. Medicaid is a joint federal/state program. The majority of funds come from the Federal government. Each state has a federal participation rate, and each state sets the payment to skilled nursing facility providers by adopting a Long Term Care Reimbursement Plan. Each state's Reimbursement Plan sets out how Medicaid reimburses for skilled nursing facility care.

57. Since March 23, 2010, the Social Security Act, at 42 U.S.C. § 1320a-7k(d), has required health care providers who receive or retain federal health care program overpayments to report and return the overpayments within 60 days of identification of said overpayments. A health care provider who receives or retains federal health care program funds in violation of AKS must return such funds as overpayments. A failure to timely return such overpayments is subject to a reverse false claim under the FCA. The statute provides, in pertinent part, as follows:

(d) Reporting and Returning of Overpayments.—

(1) In general.—If a person has received an overpayment, the person shall—

(A) report and return the overpayment to the Secretary, the State, an intermediary, a carrier, or a contractor, as appropriate, at the correct address; and

(B) notify the Secretary, State, intermediary, carrier, or contractor to whom the overpayment was returned in writing of the reason for the overpayment.

(2) Deadline for reporting and returning overpayments.—An overpayment must be reported and returned under paragraph (1) by the later of—

(A) the date which is 60 days after the date on which the overpayment was identified; or

(B) the date any corresponding cost report is due, if applicable.

(3) Enforcement.—Any overpayment retained by a person after the deadline for reporting and returning the overpayment under paragraph (2) is an obligation (as defined in section 3729(b)(3) of title 31, United States Code) for purposes of section 3729 of such title.

(4) Definitions.—In this subsection:

(A) Knowing and knowingly.—The terms “knowing” and “knowingly” have the meaning given those terms in section 3729(b) of title 31, United States Code.

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(B) Overpayment.—The term “overpayment” means any funds that a person receives or retains under title XVIII or XIX to which the person, after applicable reconciliation, is not entitled under such title.

58. CMS Provider Reimbursement Manual, 15-1, at Chapter 10, entitled “Cost To Related Organizations,” provide as follows:

1000. PRINCIPLE. Costs applicable to services, facilities, and supplies furnished to the provider by organizations related to the provider by common ownership or control are includable in the allowable cost of the provider at the cost to the related organization. However, such cost must not exceed the price of comparable services, facilities, or supplies that could be purchased elsewhere. The purpose of this principle is two-fold: (1) to avoid the payment of a profit factor to the provider through the related organization (whether related by common ownership or control), and (2) to avoid payment of artificially inflated costs which may be generated from less than arm's-length bargaining.

1002. DEFINITIONS --

1002.1 Related to the provider means that the provider to a significant extent is associated or affiliated with or has control of or is controlled by the organization furnishing the services, facilities, or supplies.

1002.2 Common ownership exists if an individual or individuals possess significant ownership or equity in the provider and the institution or organization serving the provider.

1002.3 Control exists if an individual or an organization has the power, directly or indirectly, significantly to influence or direct the actions or policies of an organization or institution.

1004. DETERMINATION OF COMMON OWNERSHIP OR CONTROL IN THE PROVIDER ORGANIZATION AND SUPPLYING ORGANIZATION

In determining whether a provider organization is related to a supplying organization, the tests of common ownership and control are to be applied separately. If the elements of common ownership or control are not present in both organizations, the organizations are deemed not to be related to each other. The existence of an immediate family relationship will create an irrebuttable presumption of relatedness through control or attribution of ownership or equity interests where the significance tests of sections 1002.2 and 1002.3 above are met. The following persons are considered immediate family for Medicare program purposes: (1) husband and wife, (2) natural parent, child and sibling, (3) adopted child and adoptive parent, (4) step-parent, step-child, step-sister, and step-brother,

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(5) father-in-law, mother-in-law, sister-in-law, brother-in-law, son-in-law, and daughter-in-law, (7) grandparent and grandchild.

1004.1 Common Ownership Rule

A determination as to whether an individual (or individuals) or organization possesses significant ownership or equity in the provider organization and the supplying organization, so as to consider the organizations related by common ownership, will be made on the facts and circumstances in each case. This rule applies whether the provider organization or supplying organization is a sole proprietorship, partnership, corporation, trust or estate, or any other form of business organization, proprietary or nonprofit. In the case of a nonprofit organization, ownership or equity interest will be determined by reference to the interest in the assets of the organization (e.g., a reversionary interest provided for in the articles of incorporation of a nonprofit corporation).

1004.2 Examples of Common Ownership

The following examples illustrate the general application of the common ownership rule. The percentages used are for illustrative purposes only and are not intended to prescribe objective rules for determining when significant ownership or equity in an organization exists. Substantially lower percentages could still constitute significant ownership. Such a determination must be made on the basis of the facts and circumstances in each case.

Example No. 1--Direct Ownership

Mr. B owns a 60 percent interest in the provider organization and a 55 percent interest in an organization supplying the provider. The provider and the supplying organization are considered related by common ownership since Mr. B possesses significant ownership in both organizations.

Example No. 2--Dispersion of Ownership

Mr. X owns a 70 percent interest in the provider organization and a 40 percent interest in the supplying organization. The remaining 60 percent interest in the supplying organization is owned in equal amounts by twenty individuals unrelated to Mr. X. Unless the provider can demonstrate to the satisfaction of the intermediary that Mr. X's concentrated ownership interest in the supplying organization is not significant, the organizations are considered related to each other by common ownership.

Example No. 3--Attribution of Ownership



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Mr. L owns 20 percent of the outstanding shares of a corporate provider and a 50 percent interest in the supplying organization, a partnership. Ms. L, Mr. L's spouse, owns 30 percent of the outstanding shares of the provider corporation. Because Mr. and Ms. L cumulatively hold 50 percent of the provider and Mr. L owns 50 percent of the supplier, the organizations are considered related by common ownership.

### 1004.3 Control Rule

The term "control" includes any kind of control, whether or not it is legally enforceable and however it is exercisable or exercised. It is the reality of the control which is decisive, not its form or the mode of its exercise....

### 1005. DETERMINATION OF A RELATED ORGANIZATIONS'S COSTS

The related organization's costs include all reasonable costs, direct and indirect, incurred in the furnishing of services, facilities, and supplies to the provider. The intent is to treat the costs incurred by the supplier as if they were incurred by the provider itself. Therefore, if a cost would be unallowable if incurred by the provider itself, it would be similarly unallowable to the related organization. The principles of reimbursement of provider costs described elsewhere in this manual will generally be followed in determining the reasonableness and allowability of the related organization's costs, except where application of a principle in a nonprovider entity would be clearly inappropriate ( e.g., Chapter 22, Determination of Cost of Services to Beneficiaries; Chapter 23, those portions pertaining to cost finding; Chapter 24, Payments to Providers; Chapter 25, Limitations on Coverage of Costs; and Chapter 26, Lower of Cost or Charges). In situations where the provider is a proprietary organization (as defined in section 1202.4), an allowance of a reasonable return on equity capital invested and used in furnishing services, facilities and supplies to the related provider is includable as an element of the reasonable cost of the related organization. The general rules specified in section 1200ff for inclusion and exclusion of certain assets and liabilities in the computation of equity capital for providers will be similarly applied to the assets and liabilities of the related organization.

The provider must make available to the intermediary when requested adequate documentation to support the costs incurred by the related organization, including, when required, access to the related organization's books and records, attributable to supplies and services furnished to the provider. Such documentation must include an identification of the organization's total costs, the basis of allocation of direct and indirect costs to the provider, and other entities served.

### 1010. EXCEPTION TO THE RELATED ORGANIZATION PRINCIPLE

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An exception is provided to the general rule applicable to related organizations. The exception applies if the provider demonstrates by convincing evidence to the satisfaction of the intermediary that the following criteria have been met:

a. The supplying organization is a **bona fide separate organization**. This means that the supplier is a separate sole proprietorship, partnership, joint venture, association or corporation and not merely an operating division of the provider organization.

b. A **substantial part of the supplying organization's business activity** of the type carried on with the provider **is transacted with other organizations not related to the provider** and the supplier by common ownership or control **and there is an open, competitive market for the type of services, facilities, or supplies furnished by the organization**. In determining whether the activities are of similar type, it is important to also consider the scope of the activity. For example, a full service management contract would not be considered the same type of business activity as a minor data processing contract. The requirement that there be an open, competitive market is merely intended to assure that the item supplied has a readily discernible price that is established through arm's-length bargaining by well-informed buyers and sellers.

c. The services, facilities, or supplies are those **which commonly are obtained by institutions such as the provider** from other organizations **and are not a basic element of patient care** ordinarily furnished directly **to patients by such institutions**. This requirement means that institutions such as the provider typically obtain the items of services, facilities, or supplies from outside sources, rather than producing the item internally.

d. The charge to the provider **is in line with the charge for such services, facilities, or supplies in the open market and no more than the charge made under comparable circumstances to others by the organization** for such services, facilities, or supplies. The phrase "open market" takes the same meaning as "open, competitive market" in b. above.

Where all of the conditions of this exception are met, the charges by the supplier to the provider for such services, facilities, or supplies are allowable as costs.

(emphasis added)

59. Medicare regulations, at 42 C.F.R. § 413.17, entitled "Cost To Related Organizations," provide as follows:

(a) Principle. Except as provided in paragraph (d) of this section, **costs** applicable to services, facilities, and supplies **furnished to the provider by organizations related to the provider** by common ownership or control are includable in the



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allowable cost of the provider **at the cost to the related organization**. However, **such cost must not exceed the price of comparable services, facilities, or supplies that could be purchased elsewhere.**

(b) Definitions--

(1) Related to the provider. Related to the provider means that the provider to a significant extent is associated or affiliated with or has control of or is controlled by the organization furnishing the services, facilities, or supplies.

(2) Common ownership. Common ownership exists if an individual or individuals possess significant ownership or equity in the provider and the institution or organization serving the provider.

(3) Control. Control exists if an individual or an organization has the power, directly or indirectly, significantly to influence or direct the actions or policies of an organization or institution.

(c) Application.

(1) Individuals and organizations associate with others for various reasons and by various means. Some deem it appropriate to do so to assure a steady flow of supplies or services, to reduce competition, to gain a tax advantage, to extend influence, and for other reasons. These goals may be accomplished by means of ownership or control, by financial assistance, by management assistance, and other ways.

(2) If the provider obtains items of services, facilities, or supplies from an organization, even though it is a separate legal entity, and the organization is owned or controlled by the owner(s) of the provider, in effect the items are obtained from itself. An example would be a corporation building a hospital or a nursing home and then leasing it to another corporation controlled by the owner. Therefore, **reimbursable cost should include the costs for these items at the cost to the supplying organization. However, if the price in the open market for comparable services, facilities, or supplies is lower than the cost to the supplier, the allowable cost to the provider may not exceed the market price.**

**(d) Exception.**

(1) An exception is provided to this general principle if the provider demonstrates by convincing evidence to the satisfaction of the fiscal intermediary (or, if the provider has not nominated a fiscal intermediary, CMS), that--

(i) The supplying organization is a **bona fide separate organization**;



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(ii) A substantial part of its business activity of the type carried on with the provider is transacted with others than the provider and organizations related to the supplier by common ownership or control and there is an open, competitive market for the type of services, facilities, or supplies furnished by the organization;

(iii) The services, facilities, or supplies are those that commonly are obtained by institutions such as the provider from other organizations and are not a basic element of patient care ordinarily furnished directly to patients by such institutions; and

(iv) The charge to the provider is in line with the charge for such services, facilities, or supplies in the open market and no more than the charge made under comparable circumstances to others by the organization for such services, facilities, or supplies.

(2) In such cases, the charge by the supplier to the provider for such services, facilities, or supplies is allowable as cost.

(emphasis added)

60. The Medicare program is codified in Title XVIII of the Social Security Act, 42 U.S.C. § 1395, *et seq.*, which established a federally-funded health insurance program for the elderly and disabled. The United States Department of Health and Human Services (“HHS”) runs Medicare. HHS has delegated the operation of Medicare to CMS, its component entity. CMS contracts with experienced insurance carriers in various regions of the country to act for HHS in reviewing, processing, and paying Medicare claims. These insurance carriers are called Fiscal Intermediaries (“FI”) or Medicare Administrative Contractors (“MACs”). Thus, the FI or MAC acts as the agent of HHS for purposes of auditing claims for reimbursement and administering payments, and include First Coast Options (Jurisdiction 9 – Florida, Puerto Rico and U.S. Virgin Islands region), Cahaba Government Services (Jurisdiction 10 – Alabama, Georgia, and Tennessee region), and Palmetto GBA (Jurisdiction 11 – North Carolina, South Carolina, Virginia and West Virginia region).

61. Upon information and belief, the State of Georgia, through the Georgia Department of Community Health and as part of its Medicaid program or plan, has adopted Medicare's laws, regulations, and rules regarding costs to related organizations, including, but not limited to, the provisions of 42 C.F.R. § 413.17, entitled "Cost To Related Organizations, and the provisions of Chapters 10 and 21 of CMS Provider Reimbursement Manual, Pub. 15-1, set forth herein. Georgia's Medicaid State Plan, at Attachment 4.19-D, page 3, Section C, entitled "Allowability of Costs," provides in part that "The Department uses the Centers for Medicare and Medicaid Services Manual (CMS 15-1) Medicare principles, as a guide to determine allowable and non-allowable costs. However, in situations where warranted, the Department has developed policy regarding cost allowability outsold (sic) of CMS 15-1..." and further provides, at Sub-section 1.c., that "Costs applicable to services, facilities and supplies furnished to a provider by common ownership or control shall not exceed the lower of the cost to the related organization or the price of comparable services, facilities, or supplies purchased elsewhere[".] Providers are required to identify such related organization and costs on the State's uniform cost report." (emphasis added) A party that is "related to the provider" means that the provider, to a significant extent, is associated or affiliated with or has control of, or is controlled by the organization furnishing the services, facilities, supplies, etc... Thus, costs applicable to services, facilities and supplies furnished to the provider by organizations related to the provider by common ownership or control are includable in the allowable cost of the provider at the lower of the cost to the related party or the price of comparable services, facilities, or supplies that could be purchased elsewhere. Where the cost of a related party is included in allowable costs, supporting financial statements of the related party cost for the cost report period must be furnished.

62. Upon information and belief, the State of North Carolina, as part of its Medicaid program or plan, has adopted Medicare's laws, regulations, and rules regarding costs to related organizations, including, but not limited to, the provisions of 42 C.F.R. § 413.17, entitled "Cost To Related Organizations, and the provisions of Chapters 10 and 21 of CMS Provider Reimbursement Manual, Pub. 15-1, set forth herein. North Carolina regulations, at 10A NCAC 22G.0104(c), provide in part that SNF costs "must be reported in the cost report in accordance with the following rules ... (2) Costs must be reported in conformance with the Medicare Provider Reimbursement Manual, HCFA 15," and further provide at (d)(16) that "A nursing facility shall demonstrate by convincing evidence . . . that the criteria in the Medicare Provider Reimbursement Manual, Section 1010, have been met in order to be recognized as an exception to the related organization principle."

63. Upon information and belief, the State of South Carolina, as part of its Medicaid program or plan, has adopted Medicare's laws, regulations, and rules regarding costs to related organizations, including, but not limited to, the provisions of 42 C.F.R. § 413.17, entitled "Cost To Related Organizations, and the provisions of Chapters 10 and 21 of CMS Provider Reimbursement Manual, Pub. 15-1, set forth herein. South Carolina's Medicaid State Plan, at Attachment 4.19-B, Section II, provides in part that SNF "Cost report requirements under the prospective payment system and retrospective reimbursement system will conform to Medicare cost reporting principles and use as their basis the Medicare Cost Report Form CMS-2552." South Carolina's Medicaid State Plan, at Attachment 4.19-D, Section K.I.(1) further provides in part that the South Carolina Department of Health and Human Services ("SCDHHS") "Adjusts each nursing facility's 'desk audited' allowable costs (net of capital expenses) to conform to the requirements of HIM-15 (i.e., the Provider Reimbursement Manual)."



64. Upon information and belief, the State of Florida, as part of its Medicaid program or plan, has adopted Medicare's laws, regulations, and rules regarding costs to related organizations, including, but not limited to, the provisions of 42 C.F.R. § 413.17, entitled "Cost To Related Organizations, and the provisions of Chapters 10 and 21 of CMS Provider Reimbursement Manual, Pub. 15-1, set forth herein. Florida's Agency for Health Care Administration, in its publication entitled "Instructions to Cost Report for Nursing Homes Participating in the Florida Medicaid Program," provides in part that "This worksheet provides the computation for any needed adjustments to cost, which are applicable to services, facilities and supplies furnished to the provider by organizations related to the provider by common ownership or control. In addition, certain information concerning the related organizations with which the provider has transacted business shall be shown. See CMS Pub. 15-1, Chapter 10." See page 14, at [http://ahca.myflorida.com/Medicaid/cost\\_reim/ecr/Cost\\_Report\\_Instructions\\_Aug\\_2014.pdf](http://ahca.myflorida.com/Medicaid/cost_reim/ecr/Cost_Report_Instructions_Aug_2014.pdf). The aforesaid instructions further provide that "Costs applicable to all services, facilities and supplies furnished to the provider by organizations related to the provider by common ownership or control are includable in the allowable cost of the provider at the cost of the related organization; however, such cost must not exceed the amount a prudent and cost conscious buyer would pay for comparable services, facilities, or supplies that could be purchased elsewhere." Id.

65. Upon information and belief, from on or about 1995 through the present, Defendants Pruitt, Nancy Pruitt, Pruitthealth, UHSI, NP Trust, JP Trust and LP Trust were the owners and operators, directly and/or indirectly through related and affiliated entities, persons and/or trusts, of the Defendant Nursing Homes. The Defendant Nursing Homes operated, and continue to operate, under the direct and/or indirect supervision, management, direction and

substantial control of these Defendants and their affiliated and related person, entities and trusts. Defendants Pruitt, Nancy Pruitt, Pruitthealth, UHSI, NP Trust, JP Trust and LP Trust substantially controlled the Defendant Nursing Homes' finances, and thus substantially controlled the funds available to operate the Defendant Nursing Homes and to provide the required bundle of essential services, supplies, items, goods and facilities for the care of the residents of the Defendant Nursing Homes. In connection with their substantial control of the Defendant Nursing Homes' finances, Defendants Pruitt, Nancy Pruitt, Pruitthealth, UHSI, NP Trust, JP Trust and LP Trust strictly directed the Defendant Nursing Homes' use and receipt of funds and purchases of goods, services, items, facilities and supplies from vendors/suppliers, including the Related Companies, at all times relevant to this action, at the sole discretion of Defendants Pruitt, Nancy Pruitt, Pruitthealth, NP Trust, JP Trust and LP Trust.

66. Defendants Pruitt, Nancy Pruitt, Pruitthealth, UHSI, NP Trust, JP Trust and LP Trust caused Defendant Pruitthealth, the Defendant Nursing Homes, and Defendants John Does 1-100 to enter into Medicaid and Medicare agreements, to execute other documents necessary for the Defendant Nursing Homes to participate in those programs, and to take such other steps and to execute such other documents as were necessary for the Defendant Nursing Homes to conduct business, make claims for payment, and receive such payments as Medicaid and Medicare providers.

67. Upon information and belief, Defendants Pruitt, Nancy Pruitt, Pruitthealth, UHSI, NP Trust, JP Trust and LP Trust and/or Defendant Nursing Homes and Related Companies, either directly or by and through their administrative personnel, including those denominated herein as Defendants John Doe 1-100, signed or caused to be signed Medicaid and Medicare provider agreements on behalf of the Defendant Nursing Homes and Related Companies. Upon

information and belief, the said Medicare/Medicaid provider agreements contained the following certification, representation and/or agreement, or language substantially similar: “I understand that any omission, misrepresentation, or falsification of any information contained in this application or contained in any communications supplying information to Medicare/Medicaid to complete or verify this application may be punishable by criminal, civil, or other administrative actions.”

68. Upon information and belief, the said Medicare/Medicaid provider agreements also contained the following certification, representation and/or agreement, or language substantially similar: “I will not knowingly present, or cause to be presented, a fraudulent claim for payment by Medicare/Medicaid and will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.”

69. Upon information and belief, in addition to the provider agreements, the Defendant Nursing Homes and Related Companies also executed an Electronic Data Interchange Agreement (“EDI”) enrollment form in order to bill Medicare/Medicaid electronically.

70. Upon information and belief, by executing the EDI enrollment form, each of the Defendant Nursing Homes and Related Companies certified, represented and/or agreed to “be responsible for all Medicare/Medicaid claims submitted to CMS by itself, its employees, or its agents” and to “submit claims that are accurate, complete, and truthful,” or language substantially similar.

71. Upon information and belief, by executing the EDI enrollment form the Defendant Nursing Homes and Related Companies also certified, represented and agreed “that all claims will be paid from Federal funds, that the submission of such claims is a claim for payment under the Medicare/Medicaid program, and that anyone who misrepresents or falsifies



or causes to be misrepresented or falsified any record or other information relating to that claim as required by this agreement may, upon conviction be subject to a fine and/or imprisonment under applicable Federal law,” or language substantially similar.

72. Upon information and belief, the Defendant Nursing Homes submitted claims for payment to Medicare/Medicaid electronically, or, upon information and belief, on paper forms known as a UB-92, HCFA-1450, UB-04, and/or CMS-1450, or similar such forms, which contain the following certification, representation and/or agreement, or language substantially similar: “this claim, to the best of my knowledge, is correct and complete....” Upon information and belief, the Defendant Related Companies submitted claims for payment to Medicare/Medicaid electronically, or, upon information and belief, on paper forms known as a CMS-1500, or similar such forms, which contain the following certification, representation and/or agreement, or language substantially similar: “this claim, to the best of my knowledge, is correct and complete....”

73. Upon information and belief, the Defendant Nursing Homes, Pruitthealth and Hospice were required to submit an annual cost report to CMS, in which, upon information and belief, the Defendants John Doe 1-100, and/or authorized representatives of Pruitthealth and Hospice, certified, represented and agreed as follows, or language substantially similar: “I am familiar with the laws and regulations regarding the provision of healthcare services and that the services identified in this cost report were provided in compliance which such laws and regulations.” The said certification, representation and agreement also acknowledged that “misrepresentation or falsification of any information contained in the cost report may be punishable by criminal, civil, or administrative action, fine, and/or imprisonment under Federal law,” or language substantially similar. The John Doe Defendants each signed the respective

nursing home's cost reports on behalf of Defendant Nursing Homes, or otherwise caused such cost reports to be signed annually at all times relevant herein.

74. Upon information and belief, the Relator signed, or caused to be signed by an authorized representative, such a cost report for the Pruitthealth Bamberg Skilled Nursing Facility while she was employed at that facility.

75. Upon information and belief, in order to participate in and receive payments under the Medicaid and Medicare programs, the Defendant Nursing Homes, Pruitthealth and Related Companies executed a Health Insurance Benefit Agreement form CMS-1561 ("CMS-1561"). 42 U.S.C. § 1395(c). By doing so, the Defendant Nursing Homes, Pruitthealth and Related Companies expressly certified, represented and agreed to conform with applicable code of Federal regulations within Title 42, including, but not limited to, the costs to related organizations regulation set forth at 42 C.F.R. § 413.17 that implements the Nursing Home Reform Act, 42 U.S.C. § 1395i-3, 1396r, *et seq.*, the Anti-Kickback Statute, and the SIE rules and regulations.

76. Upon information and belief, Defendants Pruitt, Nancy Pruitt, Pruitthealth, UHSI, NP Trust, JP Trust and LP Trust caused the Defendant Nursing Homes, the Related Companies and the John Doe Defendants to execute the federal health insurance benefit agreement forms on behalf of the Defendant Nursing Homes and Related Companies. Upon information and belief, under the said health insurance benefit agreements, each of the Defendant Nursing Homes and Related Companies expressly certified, represented and/or agreed that the provider would comply with Federal regulations in order to receive payment:

*In order to receive payment under Title XVIII of the Social Security Act [42 U.S.C. § 1395cc] [name of the nursing home inserted here] as the provider of services agrees to conform to the provisions of Section [SIC] 1866 of the Security Social Act and applicable*

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*provisions in 42 CFR [which includes the regulations on care provided in nursing homes].*

77. As certified Medicaid providers, the Defendant Nursing Homes were entitled to make claims for reimbursement of their costs of operation in providing necessary services. Providers may receive payments on such claims based upon a pre-determined percentage of costs associated with the provider's costs. Claims may be based upon a daily rate of cost per patient or an hourly rate of cost per patient. New providers submit estimates of future costs, and thereafter the cost report filed by the providers is used to estimate future costs. Medicaid reimbursement payments are made on a continuing basis throughout the year based upon claims filed by the provider and are called interim payments. Annually, the provider must file a provider cost report with the FI or MAC so as to permit the intermediary or MAC to audit the claim costs and to determine if the costs claimed are proper. Once adjustments are made, the FI or MAC determines whether the provider has been overpaid or underpaid for the costs allowable for the year.

78. The Medicare/Medicaid reimbursement programs are structured around the concept of allowable "reasonable costs." These are costs actually incurred by the provider, and exclude any costs found to be unnecessary or unreasonable in the efficient delivery of needed health services per 42 U.S.C. § 1395x(v)(1)(A).

79. Medicare/Medicaid rules and regulations require providers to minimize costs and not pay any more than what a "prudent buyer" would pay for goods, items, supplies or services. CMS PRM, Pub. 15-1, Chapter 21, Cost Principles, at § 2103, entitled "Prudent Buyer" provides in part as follows:

A. General.--The prudent and cost-conscious buyer not only refuses to pay more than the going price for an item or service, he/she also seeks to economize by minimizing cost. This is especially so when the buyer is an institution or organization



which makes bulk purchases and can, therefore, often gain discounts because of the size of its purchases. In addition, bulk purchase of items or services often gives the buyer leverage in bargaining with suppliers for other items or services. Another way to minimize cost is to obtain free replacements or reduced charges under warranties for medical devices. Any alert and cost-conscious buyer seeks such advantages, and it is expected that Medicare providers of services will also seek them.

(emphasis added)

80. As set forth herein, Defendants have engaged in a pattern of submitting, or causing to be submitted, SNF costs from “related party” suppliers in making claims to the federal government, to wit, Medicaid, for reimbursements of costs of operation in providing SNF services. As described herein, such conduct is wholly unlawful because such costs of the Related Companies/related party suppliers have been, and continue to be, inflated and in excess of the fair market value of such services, supplies, items, goods and facilities available on the open market.

81. Pursuant to 42 C.F.R. § 413.17, costs applicable to services, facilities, and supplies furnished by supplier organizations related to the provider by common ownership or control are includable in the allowable costs of the provider at the lesser of the actual cost to the related supplier organization or the price of comparable services, facilities or supplies that could be purchased elsewhere in the open market.

82. Under 42 C.F.R. § 413.17(b)(1), the term “related to the provider” means that the provider to a significant extent is associated with or affiliated with or has control of or is controlled by the organization furnishing the services, facilities, or supplies.

83. Under 42 C.F.R. § 413.17(b)(2), common ownership exists if an individual or individuals possess significant ownership or equity in the provider and the organization serving the provider.

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84. Under 42 C.F.R. § 413.17(b)(3), control exists if an individual or organization has the direct or indirect power to influence or direct the actions or policies of an organization or institution.

85. An exception to this general limitation on Medicaid reimbursement for services, supplies, goods, items or facilities procured from a related company supplier (i.e., the Related Companies) exists if the provider (i.e., the Defendant Nursing Homes) can demonstrate by convincing evidence to the satisfaction of the fiscal intermediary or MAC that all of the following exist: (1) the supplying organization is a *bona fide* separate organization; (2) a substantial part of its business activity is transacted with others than the provider and organizations related to the supplier by common ownership or control and there is an open competitive market for the type of services, facilities, or supplies furnished by the organization; (3) the services, facilities, or supplies are those that are commonly obtained by institutions such as the provider from other organizations and are not a basic element of patient care ordinarily furnished directly to patients by such institutions; and (4) the charge to the provider is in line with the charge of such services, facilities, or supplies in the open market and no more than the charge made under comparable circumstances to others by the organization such services, facilities, or supplies. 42 C.F.R. § 413.17(d) (emphasis added).

86. Defendants Pruitt, Pruitthealth, UHSI, Nancy Pruitt, NP Trust, JP Trust, LP Trust and the Defendant Nursing Homes routinely disclosed the foregoing Related Companies as related party entities in cost reports provided to Medicare and Medicaid. For example, in the cost report for Defendant Nursing Home Pruitthealth – Bethany, LLC, regarding the Bethany Nursing Center of Millen, for the period from 11/1/2010 to 6/30/2011, Pruitthealth disclosed the following related parties therein: Pruitt Corporation, United Collections, United Clinical, United

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Pharmacy, United Medical, United Rehab and Unichoice Environmental Service. An excerpt from the said cost report which identifies the Pruitthealth Related Companies is attached hereto and incorporated herein by reference as **Exhibit 7**. For another example, in the cost report for Defendant Nursing Home Pruitthealth – Augusta, LLC f/k/a Unihealth Post-Acute Care - Augusta, LLC, regarding the nursing home d/b/a Unihealth Post-Acute Care - Augusta, for the period from 7/1/2009 to 6/30/2010, Pruitthealth disclosed the following related parties therein: Pruitt Corporation, Augusta Healthcare, United Collections, United Clinical, United Pharmacy, United Medical, United Rehab and Unichoice Environmental Service. An excerpt from the said cost report which identifies the Pruitthealth Related Companies is attached hereto and incorporated herein by reference as **Exhibit 8**.

**DEFENDANTS' SCHEME TO DEFRAUD -- RELATED PARTY TRANSACTIONS**

87. Defendants Pruitt, Pruitthealth, UHSI, Nancy Pruitt, NP Trust, JP Trust, and LP Trust have required, at all times relevant to this action, and upon information and belief, continue to require, Defendant Nursing Homes' administrators and management personnel to immediately and continuously contract with companies owned and/or controlled by Defendants Pruitt, Pruitthealth, UHSI, Nancy Pruitt, NP Trust, JP Trust, and/or LP Trust, including, but not limited to, those Related Companies set forth above, for the services, goods, items, facilities and supplies provided by said Related Companies. The Defendant Nursing Homes' administrators and management personnel are strictly mandated by Defendants Pruitt, Pruitthealth, UHSI, Nancy Pruitt, NP Trust, JP Trust, and/or LP Trust to only purchase necessary goods, items, facilities, supplies and services from these Related Companies over which Defendants Pruitt, Pruitthealth, UHSI, Nancy Pruitt, NP Trust, JP Trust, and/or LP Trust have direct and/or indirect substantial control, influence and ownership without consideration for cost, quality, experience,



convenience, immediate need, history, mark-up or profit, or availability from other market sources. The Defendant Nursing Homes have been, and, upon information and belief, continue to be, given no chance for arm's length-bargaining for goods, items, facilities, supplies and services necessary to the daily operation of the Defendant Nursing Homes which are supplied by the Pruitthealth conglomerate of related vendors/suppliers, to wit, the Related Companies and other ancillary providers (such as the Bernie Ross Ancillary Companies, defined below) specifically approved by Pruitt/Pruitthealth, to the Defendant Nursing Homes.

88. In carrying out this mandate, the Defendants Pruitt, UHSI, Nancy Pruitt, NP Trust, JP Trust, and LP Trust, by and through Defendant Pruitthealth, utilize a DSSI computer system located at the home office in Norcross, Georgia. This computer system has been, and, upon information and belief, continues to be managed and operated primarily by Jody Pelot, an employee of Defendants Pruitt and/or Pruitthealth. Upon information and belief, Defendant Nursing Homes' administrators are and were required to make a requisition for any and all goods, supplies and services through this computer system. Defendant Pruitthealth and/or affiliate then sends the request to its ancillary Related Companies and/or Pruitt/Pruitthealth-approved vendors. This process artificially and fraudulently inflates the costs of such goods, items, supplies, facilities and services to the Defendant Nursing Homes. While she was the Administrator thereof, Relator was forced to comply with this process and the mandated related-party purchases for the Defendant Pruitthealth – Bamberg, LLC f/k/a Unihealth Post-Acute Care of Bamberg, LLC (the "Pruitt-Bamberg SNF").

89. In submitting cost reports to Medicaid and the states of Florida, Georgia, North Carolina and/or South Carolina for reimbursement by the federal government and respective state government/Medicaid programs, Defendants, in particular the Defendant Nursing Homes,

have demonstrated a total disregard for 42 C.F.R. § 413.17, CMS PRM, Pub. 15-1, Chapters 10 and 21, and other applicable federal and state laws, rules and regulations referenced herein by including as reimbursable costs the profits made by Defendants' Related Companies and/or including as reimbursable costs of the Related Companies that greatly exceed the fair market value price of comparable goods, supplies, items, services and facilities that could have been acquired from companies outside of the Pruitt/Pruitthealth empire through an open, competitive bidding process.

90. The Relator has personal knowledge that the Related Companies' charges to the Pruitt-Bamberg SNF and the Defendant Nursing Homes were inflated with the Related Companies' profits. The Relator has personal knowledge that the Related Companies' charges to the Pruitt-Bamberg SNF for goods, facilities, items, supplies and services were at costs that greatly exceeded the fair market value price of comparable goods, facilities, items, supplies and services that could have been acquired from companies outside of the Pruitt/Pruitthealth empire through an open, competitive bidding process, and, upon information and belief, the same was true for the Related Companies' charges to all of the other Defendant Nursing Homes as well.

91. The Relator was repeatedly told by Pruitthealth management after the Pruitt/Pruitthealth acquisition of the Bamberg nursing facility that the Pruitt-Bamberg SNF and all of the other Defendant Nursing Homes had to absorb the Pruitt/Pruitthealth Related Companies' charges as set forth in cost reports because each such Related Company was a separate profit center in the Pruitt/Pruitthealth chain of companies.

92. Furthermore, upon information and belief, Defendants Pruitt, Pruitthealth, UHSI, Nancy Pruitt, NP Trust, JP Trust, LP Trust and the Defendant Nursing Homes do not meet, have not met, and cannot meet all of the required elements of the exception provided in 42 C.F.R. §

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413.17(d) and/or CMS PRM, Pub. 15-1, Chapter 10, Section 1010, for one or more or all of the reasons set forth below.

93. The Pruitt/Pruitthealth supplier Related Companies are not *bona fide* organizations separate from Defendants Pruitt, Pruitthealth and the Defendant Nursing Homes.

94. The Pruitt/Pruitthealth supplier Related Companies do a substantial part or most of their business with the Defendant Nursing Homes.

95. The Pruitt/Pruitthealth supplier Related Companies have a contractual monopoly on the Defendant Nursing Homes' business for the services, goods, items, facilities and supplies sold to the Defendant Nursing Homes by the Related Companies.

96. There is not, and has not been, an open, competitive market for the type of services, goods, items, facilities and supplies furnished by the Pruitt/Pruitthealth supplier Related Companies to the Defendant Nursing Homes.

97. Many, or a substantial part, of the services, goods, items, facilities and supplies purchased from the Pruitt/Pruitthealth supplier Related Companies by the Defendant Nursing Homes are not commonly obtained by nursing homes providers from supplier organizations.

98. Many, or a substantial part, of the services, goods, items, facilities and supplies purchased from the Pruitt/Pruitthealth supplier Related Companies by the Defendant Nursing Homes are basic elements of patient care ordinarily furnished directly to patients by nursing homes.

99. The Pruitt/Pruitthealth supplier Related Companies' cost charges to the Defendant Nursing Homes for the purchase of these services, goods, items, facilities and supplies greatly exceeds the price costs of comparable services, goods, items, facilities and supplies available on the open market.



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100. The Pruitt/Pruitthealth supplier Related Companies' cost charges to the Defendant Nursing Homes for the purchase of these services, goods, items, facilities and supplies are more than the cost charges made under comparable circumstances to others by the supplier organizations for such services, goods, items, facilities and supplies.

101. The Pruitt/Pruitthealth supplier Related Companies' cost charges to the Defendant Nursing Homes for the purchase of these services, goods, items, facilities and supplies are inflated with unnecessary cost items and include more than the costs to the Pruitt/Pruitthealth Related Companies, to wit, upon information and belief, profit is included in the Pruitt/Pruitthealth supplier Related Companies' charges to the Defendant Nursing Homes for such services, goods, items, facilities and supplies.

102. Defendants Pruitt, Pruitthealth, UHSI, Nancy Pruitt, NP Trust, JP Trust, LP Trust, Defendant Nursing Homes and the Related Companies, knowingly and intentionally submitted and/or presented, and/or caused to be submitted and/or presented, false and/or fraudulently inflated claims and false and/or fraudulent representations and certifications, both express and implied, material to such claims to the Florida, Georgia, North Carolina and/or South Carolina Medicaid programs in violation of applicable federal and state laws, rules and regulations referenced herein.

103. Defendants Pruitt, Pruitthealth, UHSI, Nancy Pruitt, NP Trust, JP Trust, LP Trust, the Defendant Nursing Homes and the Related Companies, knowingly and intentionally or with reckless disregard or deliberate indifference, submitted and/or presented, or caused to be submitted and/or presented, false and/or fraudulently inflated claims, and false and/or fraudulent representations and certifications, both express and implied, material to such claims to the Medicaid programs in violation of the False Claims Act, 31 U.S.C. § 3729, *et seq.*, the false

claims acts of Florida, Georgia and/or North Carolina, and/or the false claims statute/Medicaid Fraud Statute of South Carolina, S.C. Code Sections 38-55-170 and 43-7-60.

104. In that regard, Defendants have knowingly and intentionally or with reckless disregard or deliberate indifference presented false and fraudulent claims to the federal government, to wit, Medicaid, in the form of annual cost reports and interim claims for payment because actual reported costs of the Pruitt/Pruitthealth supplier Related Companies exceeded the allowable costs of the Defendant Nursing Homes in that the Pruitt/Pruitthealth supplier Related Companies' costs are and were greater than the fair market value charges for the same supplies, goods, items, facilities and services that are and were available on the open market and included and continue to include inflated and unnecessary charges and profit markups in excess of the Pruitt/Pruitthealth Related Company suppliers' actual costs.

105. Despite their knowledge, reckless disregard, or deliberate ignorance of the fact that Defendants submitted inflated and unnecessary charges and profit markups in excess of the Pruitt/Pruitthealth Related Company suppliers' actual costs and/or in excess of the fair market value of comparable such services, supplies, goods, items and facilities in their annual cost reports and interim claims for payment, Defendants knowingly made, or caused to be made, and received and unlawfully retained payments for, false and fraudulent claims for the bundle of nursing home services that the Defendant Nursing Homes were required, as Medicaid providers, to provide to their federal health program patient beneficiaries.

106. Defendants made, or caused to be made, false and fraudulent statements and records material to their false and fraudulent claims to the Medicaid programs and knowingly and intentionally received and unlawfully retained Medicaid funds to which they were not entitled, and payments for these false and fraudulent claims would not have been made by the

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federal government nor the States of Florida, Georgia, North Carolina and/or South Carolina had the truth of false nature of the claims been known.

107. Due to Defendants' materially false and fraudulent claims, misrepresentations, and material omissions, the Medicaid programs paid or reimbursed Defendants for the unlawful, profit-inflated, unnecessary and excessive costs, including profit markups, charged by the Pruitt/Pruitthealth supplier Related Companies to the Defendant Nursing Homes.

108. The United States and the States of Florida, Georgia, North Carolina and/or South Carolina were damaged and Defendants were unjustly enriched by the payments sought and received from the Medicaid programs for the unlawful, inflated, unnecessary and excessive costs, including profit markups, charged by the Pruitt/Pruitthealth supplier Related Companies to the Defendant Nursing Homes, and are entitled to recover their damages, under their respective false claims acts, and in equity, fairness and good conscience, Defendants should be required to account for and disgorge such unjustly obtained amounts, and should be enjoined from obtaining future payments from the federal government and the aforesaid state governments based upon the false claims and fraudulent conduct set forth herein.

**RELATOR'S KNOWLEDGE OF THE PRUITT SCHEME AND CONSPIRACY  
TO DEFRAUD BY FRAUDULENTLY INFLATING AND CLAIMING RELATED  
PARTY COSTS AND EXPENSES**

109. As noted above, from about July 2008 until January 2010, Relator was the Administrator of Bamberg County Nursing Home in Bamberg, South Carolina, which, upon information and belief, was acquired by Defendants Pruitthealth, UHSI, Pruitt, Nancy Pruitt, NP Trust, JP Trust and/or LP Trust from Bamberg County on or about August 3, 2009.

110. Upon information and belief, the Defendants Pruitthealth, UHSI, Pruitt, Nancy Pruitt, NP Trust, JP Trust and/or LP Trust originally acquired the Bamberg County Nursing



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Home under the name Unihealth Post-Acute Care of Bamberg, LLC (the “UPAC Bamberg SNF”), and it is located at 509 North Street, Bamberg, South Carolina. Upon information and belief, the foregoing Pruitt-related Defendants have renamed the said UPAC Bamberg SNF limited liability company to Pruitthealth – Bamberg, LLC (“Pruitt-Bamberg SNF”).

111. Upon information and belief, the Pruitt-Bamberg SNF was and is an 88 bed nursing home facility, and its Medicare Provider Number is 42-5104, its Medicaid Provider Number is MMIS 1007, and its National Provider Identification Number is 1104063118.

112. Upon information and belief, Ms. Debbie Metts (f/k/a Rutland) became the successor to Mr. Luther Reeves as administrator of the Pruitt-Bamberg SNF.

113. Prior to the acquisition of the Pruitt-Bamberg SNF by the said Pruitt-related Defendants, Relator was the Administrator of the Bamberg County SNF and in charge of ordering goods, items, supplies and services for the Bamberg County Nursing Home at market rates from vendors unrelated to the Pruitt/Pruitthealth organization. As a county-owned skilled nursing unit of the Bamberg Hospital, the purchase of goods or services over \$500 in costs required that the Relator obtain at least three (3) open-market bids or quotes.

114. Almost immediately after the change of ownership on August 3, 2009 (sometimes referenced as the “CHOW”), Relator was instructed by Pruitt/Pruitthealth management that she could no longer seek market-competitive bids from non-Pruitt approved vendors for goods, items, supplies and services which the Pruitt-Bamberg SNF needed to operate.

115. Instead, Relator was instructed by Pruitt/Pruitthealth management that she could only order goods, items, supplies and services for the Pruitt-Bamberg SNF in accordance with Defendant Pruitt’s and Pruitthealth’s mandated purchasing protocols, including the Contracting Department’s Contracting Manual which set forth an approved partial corporate vendor list for

Pruitt/Pruitthealth-owned and/or controlled SNFs, which list set forth many exclusive vendor suppliers which were Pruitt/Pruitthealth owned and/or substantially controlled vendors. This Pruitt/Pruitthealth-mandated Contracting Manual is attached hereto and incorporated herein by reference as Exhibit 9.

116. The Pruitt/Pruitthealth employees who were in charge of administering the Contracting Manual and its policies were as follows: Marty Meighan, Vice President of Contracting; Karen Wilson, Contract Analyst; Jody Pelot, Director of Purchasing; and, Tracy Harmon, Administrative Assistant. See Id. at 2.

117. The signatures of Vice President Marty Meighan and Defendant Pruitt, Chairman and CEO of Pruitthealth, were required in order to enter into any vendor or supplier contracts with the Defendant Nursing Homes. See Id. at 18.

118. The Pruitt/Pruitthealth Contracting Manual listed many of the approved vendor suppliers for a variety of goods, items, supplies and services, and many of the so-called “approved” vendors were actually Pruitt/Pruitthealth-owned, controlled or affiliated vendors, including, but not limited to, the following Related Companies: (a) **United Medical** for paint, maintenance supplies, bed rentals, specialty mattresses, air conditioning units, kitchen equipment, textiles, office supplies, and janitorial supplies, etc.; (b) **United Pharmacy Services** for pharmacy supplies and drugs; (c) **United Clinical Services**; (d) **United Hospice** for hospice services; (e) **Unihealth SOURCE**; (f) **United Home Care** for home health services; (g) **United Rehab** for rehabilitation services; (h) Healthcare Centers; and, (i) **United Veteran Services**. See Id. at 4-7, 10 and 21.

119. Soon after the Pruitt-Bamberg SNF acquisition in 2009, the Relator attended a meeting at Pruitt/Pruitthealth Headquarters where she learned that the staff of all Defendant

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Nursing Homes were required and expected, by Pruitthealth and Pruitt, his managers and his Related Companies/affiliated entities, persons and trusts, to abide by the Pruitt/Pruitthealth Contracting Manual and similar Pruitt/Pruitthealth-mandated vendor/supplier contracting policies and protocols when ordering vendor goods, items, supplies, facilities and services. At this meeting, Relator confirmed the scope and extent of the related party transactions involving all Defendant Nursing Homes and the Pruitt/Pruitthealth-owned, controlled and/or affiliated organizations, to wit, the aforesaid Related Companies, as well as certain Pruitt/Pruitthealth-approved vendors, set forth in more detail below.

120. Some of the vendors that the Relator was instructed to immediately terminate by Pruitt/Pruitthealth management after the CHOW, included, but are not limited to: (a) Sanders Supply (hardware and general supplies); (b) One Source Chemicals (housekeeping supplies); (c) Wright Brother's Painting (painting and maintenance); (d) Hoyt Jameson Electric (electrical maintenance services) (e) the local landscaping company (landscaping and yard maintenance); (f) the local generator company (maintenance and annual inspections); and, (g) the local alarm system company (alarm system maintenance).

121. Shortly after the CHOW, Relator received a spreadsheet partial schedule of Pruitt-Bamberg SNF vendors as of August-September of 2009 which is attached hereto and incorporated herein by reference as **Exhibit 10**. The "Notes" column included comments by Pruitt/Pruitthealth management, believed to be either Jody Pelot, Tracy Harmon or Marty Meighan, and demonstrate the strict conformity with the Pruitt/Pruitthealth Contracting Manual which was expected, controlled and implemented by the Pruitt/Pruitthealth management. Pruitt/Pruitthealth's Contracting Manual and contracting protocols also extended to the Capital Expenditure Requisition ("CER") policy for any capital purchase over \$500 for any



Pruitt/Pruitthealth-owned or controlled SNF facility. **Exhibit 11**, an 8/13/2009 email with two attachments, showing some of the procurement requirements, is attached hereto and incorporated herein by reference.

122. Prior to the CHOW, as Administrator of the Bamberg SNF facility, Relator was required to obtain three (3) competitive bids prior to purchasing goods, items, supplies or services in excess of \$500.

123. After the CHOW, because the Relator was no longer allowed to obtain competitive bids from vendors for services, items, supplies or goods for the Pruitt-Bamberg SNF facility, and Relator observed the SNF facility's expenses greatly and unnecessarily increase. The facility's purchases came to be made without consideration for costs, quality, experience, convenience, immediate need, fair market value, or history of the ancillary vendors. The Pruitt/Pruitthealth mandate was to sole source to particular vendors, including Pruitt/Pruitthealth Related Companies, for the supplies, services, items, goods and facilities needed by the Defendant Nursing Homes.

124. Any contracts with pre-CHOW vendors were just summarily and unilaterally terminated by Pruitt and his Pruitthealth management team.

125. Room painting services are an example of the over-charging that occurred after the CHOW. Before the CHOW, Wright Brother's Painting usually charged about \$750 to repaint each of the Pruitt-Bamberg SNF patient rooms. After the CHOW, Pruitt/Pruitthealth's designated approved contractor, Mashburn Construction Company, charged \$2,400 to repaint a patient room, or more than three times the prior cost of the non-Pruitt/Pruitthealth approved contractor.

126. Most importantly, after the CHOW, the Pruitt-Bamberg SNF's costs for many patient-related services increased dramatically because they were being provided by mandated Pruitt/Pruitthealth affiliated, controlled and/or related entity contractors, or certain mandated Pruitt/Pruitthealth-approved suppliers/contractors, without competitive bids.

127. The mandated Pruitt/Pruitthealth affiliated, controlled or related entity contractors, to wit, the Related Companies, as well as certain Pruitt/Pruitthealth-approved suppliers/contractors, were charging the Pruitt-Bamberg SNF excessive costs which were substantially above fair market value for many patient-related services.

128. Prior to the CHOW, the Bamberg SNF facility had a monthly contract with Carolina Dietitian Consultants which provided its dietary consulting services for \$500 per day, and typically worked one day per week.

129. After the CHOW, as administrator of the Pruitt-Bamberg SNF, Relator was forced to accept the assignment of a Pruitt/Pruitthealth "consultant" from United Clinical in each separate facility department such as business office consultant, nursing consultant, maintenance consultant, dietary consultant, rehabilitation consultant, education consultant, marketing consultant, etc.... Many of these type consultants were not used at the Pruitt-Bamberg SNF before the CHOW, nor were they necessary after the CHOW.

130. After the CHOW, typically two or more Pruitt-owned, controlled and/or affiliated entity Related Company consultants would visit the Pruitt-Bamberg SNF every day and the facility would be charged \$750 per day for each consultant.

131. After the CHOW, Relator was forced to engage Pruitt/Pruitthealth dietary consultants for the Pruitt-Bamberg SNF. The Pruitt/Pruitthealth dietary consultants charged

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\$750 per day for each consultant, and the Pruitt/Pruitthealth dietary consultants typically worked two or more days per week, significantly increasing the expense to the Pruitt-Bamberg SNF.

132. These additional, unnecessary, and above-fair market value costs and expenses for consultants included those from Pruitt/Pruitthealth-owned, controlled and/or affiliated entity Related Companies such as United Medical, United Clinical, Hospice, United Pharmacy and United Rehab.

133. Relator was informed by Pruitt/Pruitthealth management that these additional, unnecessary, and above-fair market value costs and expenses for Related Company consultants were part of a system wide practice and protocol for all Defendant Nursing Homes mandated by Pruitt/Pruitthealth management. The Defendant Nursing Homes submitted interim claims and annual cost reports as claims for payment and reimbursement from the federal government and the state governments of Florida, Georgia, North Carolina and/or South Carolina which included such Related Companies' inflated costs and expenses, all of which resulted in materially false and fraudulent claims from all of the Defendant Nursing Homes which were paid by the federal government and the state governments of Florida, Georgia, North Carolina and/or South Carolina.

**WHEELER / ROSS / PRUITT / PRUITTHEALTH CONSPIRACY TO DEFRAUD**

134. In a conscious effort to unlawfully avoid and evade Cost to Related Organizations/Related Party laws, regulations and rules of the federal government and respective states of Florida, Georgia, North Carolina and/or South Carolina, all of the Defendants did knowingly, willfully and unlawfully conspire, agree and combine, explicitly and/or implicitly, to execute, and attempt to execute, a scheme or artifice to defraud the federal government and the respective state Medicaid programs by presenting, or causing the presentation of, false and



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fraudulent claims, and to obtain, by means of false and fraudulent claims, pretenses, representations, documents or promises, money or property owned by, or under the custody or control of, the federal government and the Florida, Georgia, North Carolina and/or South Carolina Medicaid programs in connection with the delivery of or payment for health care benefits, items, or services.

135. Defendant Wheeler is, and upon information and belief, was at all times relevant to this action, a resident of South Carolina and the controlling owner, operator and manager of certain skilled nursing facilities in South Carolina and elsewhere, known as Laurel Baye Healthcare Company a/k/a Laurel Baye Healthcare, LLC (sometimes referenced herein as “Laurel Baye”). Upon information and belief, Laurel Baye Healthcare, LLC owns and/or operates, now and formerly, skilled nursing home facilities located in Greenville, Blackville, Orangeburg, Williston in South Carolina, in addition to Georgia skilled nursing facilities in Lake Lanier, Macon and Decatur which were eventually sold to entities owned and/or controlled by Pruitt/Pruitthealth.

136. Defendant Wheeler’s former employee, Defendant Ross, upon information and belief, is, and has been, at all times relevant to this action, the operator/manager, and possibly a part-owner of, certain companies furnishing health care goods, supplies, items, or services to skilled nursing homes (the “Bernie Ross Ancillary Companies”). Upon information and belief, Defendant Ross and Defendant Wheeler have been, at all times relevant to this action, and continue to be, business partners. Upon information and belief, Defendant Wheeler’s son-in-law, Scott Meeks, works within the management of the Bernie Ross Ancillary Companies. Relator learned that these Bernie Ross Ancillary Companies also known and operated under the name of Allied Health Resources, LLC (sometimes referenced herein as “Allied Health”), and were

formerly known as Laurel Baye Allied Health Resources, LLC. Upon information and belief, the Laurel Baye and Allied Health companies operated primarily and/or exclusively in Georgia and South Carolina.

137. In 2005, the Relator became Director of Nursing at the 113-bed Laurel Baye nursing home in Orangeburg, South Carolina, and eventually became Administrator of the facility from January 2007 until October 2007, at which time the Relator voluntarily terminated her job at the SNF facility. As Administrator of the Laurel Baye of Orangeburg SNF facility, the Relator was instructed that Defendant Wheeler's Laurel Baye nursing homes were required to only purchase certain specific ancillary goods, items, supplies and services from the Bernie Ross Ancillary Companies, such as oxygen, respiratory, DME, specialty beds, etc.... As Administrator, the Relator further learned that Defendant Wheeler's Laurel Baye nursing homes were also required to purchase certain other specific ancillary goods, items, supplies and services, specifically pharmacy, hospice and medical supplies, from certain Pruitt/Pruitthealth Related Companies. As the Administrator of the Laurel Baye of Orangeburg nursing home, the Relator was directly mandated by VP of Operations Natasha Nadakarni that all of these aforementioned ancillary goods, items, supplies and services had to be acquired from the aforesaid designated companies, to wit, the Bernie Ross Ancillary Companies and the Pruitt/Pruitthealth Related Companies, without regard to cost, quality, experience, convenience, immediate need, history, mark-up or profit, or availability from other market sources. Upon information and belief, the overt acts of the conspiracy in restricting the Laurel Baye SNF's purchases of goods, items, supplies and services to certain Pruitt/Pruitthealth Related Companies and Bernie Ross Ancillary Companies were unlawfully executed with the knowledge, consent, and agreement by and between Wheeler, Ross, Bernie Ross Ancillary Companies, Pruitt,

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Pruitthealth, UHSI, Nancy Pruitt, NP Trust, JP Trust, LP Trust, the Related Companies and the Defendant Nursing Homes. As a direct result of this restrictive purchasing policy imposed by Wheeler's Laurel Baye corporate office liaison, and the Administrator's loss of ability to negotiate ancillary costs, the Relator gained first-hand knowledge that the Laurel Baye of Orangeburg nursing facility was incurring unnecessary, unlawful and fraudulent increases in its total operating costs. These inflated costs were passed on to the Medicaid program, in violation of Cost to Related Organizations/Related Party laws, regulations and rules of the federal government and/or South Carolina, and were part a system-wide practice of the Pruitt/Pruitthealth and Wheeler/Ross organizations. Upon information and belief, the foregoing conspiracy to evade and violate the Cost to Related Organizations/Related Party laws, regulations and rules of the federal government and respective states of Georgia, North Carolina and/or South Carolina, resulted in the presentation of materially false claims which were unwittingly paid by the respective federal and state governments which would not have been paid had the truth of the conspiracy been known. Upon information and belief, the foregoing conspiracy to defraud was further carried out by similar purchasing restrictions on all of the Pruitt/Pruitthealth Defendant Nursing Homes and all of the other Laurel Baye/Wheeler controlled nursing homes to buy only from Pruitt/Pruitthealth Related Companies and Bernie Ross Ancillary Companies. Upon information and belief, the Wheeler/Laurel Baye SNFs and Pruitt/Pruitthealth Defendant Nursing Homes paid prices from the designated providers of items, goods, supplies and services, to wit, the Bernie Ross Ancillary Companies and the Pruitt/Pruitthealth Related Companies, which were in excess of fair market value and in excess of the said designated providers' actual costs of such items, goods and services. The Bernie Ross



Ancillary Companies and the Pruitt/Pruitthealth Related Companies made profits off of their sales to the Wheeler/Laurel Baye SNFs and the Defendant Nursing Homes.

138. At least one of the purposes of the foregoing unlawful scheme and artifice to defraud was, and upon information and belief, continues to be, to provide a sham or artificial market for both the Bernie Ross Ancillary Companies and the Pruitt/Pruitthealth Related Companies. For instance, Defendant Wheeler and his Laurel Baye SNFs were ordering goods, items, supplies and services from the Bernie Ross Ancillary Companies, which Wheeler/Laurel Baye actually owned and/or substantially controlled. In order to try to partly justify the self-dealing between Wheeler/Laurel Baye SNFs and the Bernie Ross Ancillary Companies, they arranged unlawful agreements and conspired with the Pruitt/Pruitthealth entities and individuals, explicitly or implicitly, to have the Bernie Ross Ancillary Companies do some business with the Pruitt/Pruitthealth Defendant Nursing Homes in an effort to create a ruse or sham claim of trying to meet an Exception to the Related Organization Cost Principles by transacting so-called substantial business with other organizations not related to the provider. See CMS PRM, Pub. 15-1, Chapter 10, Section 1010.b. and 42 C.F.R. § 413.17(d)(iii) and (iv).

139. Likewise, the Pruitt/Pruitthealth Defendant Nursing Homes were ordering goods, items, supplies and services from the Pruitt/Pruitthealth Related Companies, which Pruitt/Pruitthealth actually owned and/or substantially controlled. In order to try to partly justify the self-dealing between the Defendant Nursing Homes and the Related Companies, they arranged unlawful agreements and conspired with Wheeler, Ross, the Wheeler/Laurel Baye SNFs and the Bernie Ross Ancillary Companies, explicitly or implicitly, to have the Bernie Ross Ancillary Companies do some business with the Pruitt/Pruitthealth Defendant Nursing Homes in an effort to create a ruse or sham claim of trying to meet an Exception to the Related

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Organization Cost Principles by transacting so-called substantial business with other organizations not related to the provider.

140. One effect or purpose of the unlawful conspiracy and combination was to solicit, induce, maintain and pay for referrals from the Defendant Nursing Homes to the Bernie Ross Ancillary Companies in exchange for, or in return for, or as an inducement or *quid pro quo* for the Wheeler/Laurel Baye SNFs to provide, maintain and pay for referrals to the Pruitt/Pruitthealth Related Companies. Many, if not all, of the said referrals were for goods, items, supplies and services which were, and upon information and belief, continue to be, paid for by federal health care benefits programs, to wit, Medicare and Medicaid.

141. The conspiracy's illegal *quid pro quo* swapping agreements or swapping arrangements described above violated the AKS Statute in one or more particulars, to wit, as a result of the *quid pro quo* swapping agreements: (a) the Defendants knowingly made or caused to be made false statement or representations of material fact in the Defendants' application for payment or claims for payment to the federal government health care benefits programs and aforesaid state governments in that the Defendants' costs were substantially in excess of usual and customary charges and also violated the laws, regulations and rules of applicable federal Related Organization/Related Party costs reporting requirements, in violation of 42 U.S.C. § 1320a-7b(a)(1) and (2); (b) the payments to the ancillary service providers – the Pruitt/Pruitthealth Related Companies and the Bernie Ross Ancillary Companies – to the extent that such payments were greater than the fair market value or the actual costs to these designated providers, constituted illegal remuneration for referrals, in knowing violation of 42 U.S.C. § 1320a-7b(b)(1) and (2); (c) pursuant to the illegal *quid pro quo* swapping agreements or swapping arrangements described above, the actual referrals from the Defendant Nursing

Homes/Pruitt-Pruitthealth Related Companies to the Bernie Ross Ancillary Companies constituted illegal remuneration in knowing violation of the AKS Statute; and (d) pursuant to the illegal *quid pro quo* swapping agreements or swapping arrangements described above, the actual referrals from the Wheeler/Laurel Baye nursing homes/Bernie Ross Ancillary Companies to the Pruitt-Pruitthealth Related Companies constituted illegal remuneration in knowing violation of the AKS Statute.

142. The conspiracy's illegal *quid pro quo* swapping agreements or swapping arrangements described above violated the Social Security Act, including, but not limited to, the provisions of the CMP Statute, in one or more particulars, to wit, as a result of the *quid pro quo* swapping agreements: (a) the Defendants knowingly presented or caused to be presented to an agency of the United States and/or one or more state agencies claims that were known, or should have known, to be false and fraudulent in violation of 42 U.S.C. § 1320a-7a(a)(1)(B); (b) the Defendants knowingly presented or caused to be presented to a person requests for payments which were in violation of a requirement not to charge a person for an item or service in excess of the amount permitted to be charged in violation of 42 U.S.C. § 1320a-7a(a)(2); (c) the payments to the ancillary service providers – the Pruitt/Pruitthealth Related Companies and the Bernie Ross Ancillary Companies – to the extent that such payments were greater than the fair market value or the actual costs to these designated providers, constituted illegal remuneration for referrals in knowing violation of the AKS Statute which constitutes a violation of 42 U.S.C. § 1320a-7a(7); and, (d) the Defendants knowingly made, used, or caused to be made or used, one or more false records or statements material to a false or fraudulent claims for payment for items or services furnished under a federal health care program in violation of 42 U.S.C. § 1320a-7a(8).



143. The conspiracy's illegal *quid pro quo* swapping agreements or swapping arrangements described above violated the Social Security Act, including, but not limited to, the provisions of the Exclusions Statute, and its Substantially-In-Excess and Prohibited Activities provisions, in one or more particulars, to wit: (a) as a result of the *quid pro quo* swapping agreements, the Defendants knowingly submitted or caused to be submitted bills or requests for payment for items or services furnished substantially in excess of usual charges or costs in violation of 42 U.S.C. § 1320a-7(b)(6)(A); and, (b) the payments to the ancillary service providers – the Pruitt/Pruitthealth Related Companies and the Bernie Ross Ancillary Companies – to the extent that such payments were greater than the fair market value or the actual costs to these designated providers, constituted illegal remuneration for referrals in knowing violation of the AKS Statute which constitutes a violation of 42 U.S.C. § 1320a-7(b)(7).

144. Many, if not all, of the items, goods, services and supplies sold to the Defendant Nursing Homes and the Wheeler/Laurel Baye SNFs were, in whole or substantial part, reimbursed by the federal government and the states of Florida, Georgia, North Carolina and/or South Carolina through their respective Medicaid programs. The foregoing conspiracy, combination, scheme and artifice to defraud resulted in, and, upon information and belief, continues to result in, transactions for goods, items and services purchased by the Pruitt/Pruitthealth Defendant Nursing Homes and the Wheeler/Laurel Baye nursing homes from the Pruitt/Pruitthealth Related Companies and the Bernie Ross Ancillary Companies which were not arm's length, were not bona fide, were above actual costs, did not reflect the fair market value of such goods, items and services on the open market, and were made in bad faith for the purposes of defrauding the federal government and the Medicaid programs of Georgia, North Carolina and/or South Carolina, all in violation of the Cost to Related Organization/Related Party

laws, regulations and rules of the federal government and respective states of Florida, Georgia, North Carolina and/or South Carolina, the Substantially-in Excess Rules and regulations, the CMP Statute, the Exclusions Statute, the AKS Statute and related rules and regulations, and the federal FCA and the false claims statutes and/or Medicaid Fraud Statutes of Florida, Georgia, North Carolina and/or South Carolina.

145. In submitting or presenting claims for payment to the federal government and/or the states of Florida, Georgia, North Carolina and/or South Carolina, either in interim claims or pursuant to annual cost reports, the Defendants made the following express or implied certifications or representations, to wit: (a) the claims were true, complete and accurate; (b) the claims were in compliance with the AKS Statute; (c) the claims were in compliance with the Exclusion Statute, including, but not limited to, its Substantially-In-Excess provisions; (d) the claims were in compliance with the CMP Statute; (e) the claims were in compliance with the laws, regulations (including 42 C.F.R. § 413.17), rules and manuals regarding Costs to Related Organizations/Related Parties; (f) the claims were in compliance with the Medicare and/or Medicaid programs' statutes, regulations, rules and manuals. As a result of the foregoing conspiracy, combination, scheme and artifice to defraud, the Defendants' foregoing certifications and representations to the federal government and aforesaid state governments were false and fraudulent.

146. The foregoing conspiracy, combination, scheme and artifice to defraud resulted in, and, upon information and belief, continues to result in, materially false claims for payment being presented to, and paid by, the federal government and the states of Florida, Georgia, North Carolina and/or South Carolina through their respective Medicaid programs, which would not have been paid had the fraudulent nature of the conspiracy and the resulting knowingly

fraudulent claims been known by the federal government and the states of Florida, Georgia, North Carolina and/or South Carolina.

INFLATED COSTS FOR PHARMACY SERVICES

147. After the CHOW, the Pruitt/Pruitthealth-owned, controlled and/or affiliated Related Company entity United Pharmacy, for example, unnecessarily over-charged the Pruitt-Bamberg SNF facility for the purchase of all new medication carts and medications.

148. There was nothing wrong with the existing medication carts or medications at the Pruitt-Bamberg SNF which United Pharmacy just arbitrarily threw away and replaced.

149. These medically unnecessary, inflated costs and expenses that the Pruitt-Bamberg SNF was forced to incur with respect to the replaced medication carts and medications as a result of the mandated business arrangement with United Pharmacy, were not fair market value, were not the result of competitive bidding, and could easily have been avoided by simply keeping the existing medication carts and medications.

150. In Relator's experience, after the CHOW, the United Pharmacy medications supplied to the Pruitt-Bamberg SNF were inflated above United Pharmacy's costs, included a profit for United Pharmacy, and were above fair market value.

151. Relator was forbidden by Pruitt/Pruitthealth from seeking competitive bids for medications for patients after the CHOW.

152. Pruitt/Pruitthealth also inflated costs to the Pruitt-Bamberg SNF facility by imposing the costs of a mandatory pharmacy consultant upon the SNF.

153. Upon information and belief, immediately after the CHOW the Pruitt-Bamberg SNF was charged a monthly rate of approximately \$10,000 to have a United Pharmacy Services pharmacy consultant available for the facility.



154. The cost and expense of the Pharmacy Services consultant imposed upon the Pruitt-Bamberg SNF after the CHOW far exceeded the fair market value cost and expense of a non-Pruitt/Pruitthealth pharmacy consultant.

155. Before the CHOW, the Relator used the pharmacy consultant which was on staff at the Bamberg Hospital.

156. After the CHOW, Pruitt-Bamberg SNF was forced by Pruitt/Pruitthealth to pay the aforesaid monthly pharmacy services consultant fee regardless of the amount and quality of services provided to the facility by the consultant.

157. Relator, as administrator of the Pruitt-Bamberg SNF, was not allowed to bid for the services of a pharmacy consultant after the CHOW.

158. As the Pruitt-Bamberg SNF administrator, Relator was repeatedly told by Pruitt/Pruitthealth-controlled management that each Pruitt/Pruitthealth-controlled Related Company vendor was treated as a separate profit center.

159. As the Pruitt-Bamberg SNF administrator, Relator was repeatedly told by Pruitt/Pruitthealth-controlled management, including Pruitt/Pruitthealth Regional Administrator Brian Warrick, that each Pruitt/Pruitthealth-controlled Related Company vendor, mandated to do business with the Pruitt-Bamberg SNF, had its own cost center which needed to show a profit.

160. As the Pruitt-Bamberg SNF administrator, Relator was repeatedly told by Pruitt/Pruitthealth-controlled management that Pruitt-Bamberg SNF had to incur the charges of each Pruitt-controlled Related Company vendor, which included the vendor's profit above its costs, mandated by Pruitt/Pruitthealth to do business with the Pruitt-Bamberg SNF, as each such vendor had its own cost center which needed to show a profit for the Pruitt/Pruitthealth organization.

161. Upon information and belief, after the CHOW, Pruitt/Pruitthealth and/or the Pruitt-Bamberg SNF submitted, and continues to submit, interim claims and annual cost reports to the federal government, as claims for payment or reimbursement, which included the excessive and unnecessary costs of pharmacy medications, pharmacy carts, and pharmacy services consultants which were unnecessarily inflated, exceeded the fair market value costs of such goods and services that could have been obtained by competitive bidding, which were medically unnecessary and unreasonable, and which included profits paid to the Pruitt/Pruitthealth affiliated/related organizations, to wit, the Related Companies.

162. Relator was informed by Pruitt/Pruitthealth management that these additional, unnecessary, and above-fair market value costs and expenses for Related Company consultants pharmacy medications and pharmacy carts were part of a system wide practice and protocol for all Defendant Nursing Homes as mandated by Pruitt/Pruitthealth management, that the Defendant Nursing Homes submitted interim claims and annual cost reports as claims for payment and reimbursement from the federal government, all of which resulted in, and upon information and belief, continue to result in, materially false and fraudulent claims from all of the Defendant Nursing Homes which were paid, and continue to be paid, by the federal government and state governments of Florida, Georgia, North Carolina and/or South Carolina.

163. As further described hereinbelow, Medicaid pays a SNF based upon 2 levels of patient care – Skilled Nursing Care patients (higher reimbursement) and Intermediate Care patients (lower reimbursement) and the payment is received “*from Medicaid based on the # of patients x the # of days for each level*” which results in a cost report calculation that gives you a Medicaid reimbursement “per diem” being paid the SNF prospectively for the next year.

164. In addition to the fraudulently inflated costs and expenses foisted upon the Pruitt-Bamberg SNF facility as described above, upon information and belief, Pruitt/Pruitthealth and their controlled and affiliated Related Companies fraudulently have increased, and continue to increase, the costs of patient care at all of the Defendant Nursing Homes/SNF facilities which were acquired, owned, controlled and/or managed by Pruitt/Pruitthealth and their affiliates, including but not limited to the following examples:

165. Blair House Nursing & Rehab Center, a 100-bed SNF located in Augusta, Georgia (now known as Pruitthealth-Augusta, LLC) was acquired by Pruitt/Pruitthealth on or about December 1, 2008, and its Medicaid facility cost reports show that there was an increase in Adjusted Inpatient Routine Services Costs per Diem from **\$115.72 to \$161.04** between the last full year of operations prior to the Pruitt/Pruitthealth acquisition (ending June 30, 2008) to the first full year of operations by Pruitt/Pruitthealth (ending June 30, 2010). This dramatic increase in the Medicaid per patient per day per diem demonstrates the exaggerated costs that the Pruitt/Pruitthealth organizations systematically imposed on the Defendant Nursing Homes. In this case, the Medicaid per patient per day per diem increase by about forty percent (40%) with no legitimate reason for such a cost increase.

166. A comparison of the aforesaid 2008 and 2010 cost reports, attached hereto and incorporated herein by reference as **Exhibit 12** and **Exhibit 13**, demonstrates this increase.

167. Likewise, the Bethany Home of Millen, a 100-bed SNF located in Millen, Georgia (now known as Pruitthealth-Bethany, LLC) was acquired by Pruitt/Pruitthealth on or about November 1, 2010, and its Medicaid facility cost reports show that there was an increase in Adjusted Inpatient Routine Services Costs per Diem from **\$127.42 to \$180.08** between the last full year of operations prior to the Pruitt/Pruitthealth acquisition (ending June 30, 2009) to the



full year of operations by Pruitt/Pruitthealth (ending June 30, 2011). In this case, the Medicaid per patient per day per diem increase by over forty percent (>40%) with no legitimate reason for such a cost increase.

168. A comparison of the aforesaid 2009 and 2011 cost reports, attached hereto and incorporated herein by reference as **Exhibit 14** and **Exhibit 15**, demonstrates this increase. Upon information and belief, these fraudulent cost increases were systemic throughout the Pruitt/Pruitthealth organization, and resulted, and, continue to result, in materially false and fraudulent claims being presented by the Defendant Nursing Homes and Related Companies to the federal and aforesaid state governments for payment.

**FRAUDULENTLY UPCODING MEDICAID PATIENTS WITH FRAUDULENT  
RAI RE-ASSESSMENTS**

169. In addition to the fraudulently inflated costs and expenses to the Pruitt-Bamberg SNF facility, Pruitt/Pruitthealth and their controlled and affiliated Related Companies fraudulently upcoded the SNF's Medicaid patients' health assessments which fraudulently inflated care and treatment after the CHOW.

170. In general, when a long-term patient is initially admitted to an SNF, within 5 days (and periodically thereafter – at least quarterly) an SNF nurse (the “MDS nurse”) must coordinate, schedule and complete a Resident Assessment Instrument (“RAI”), which is a detailed clinical assessment of the patient's functional capabilities and health problems in accordance with federal guidelines and criteria known as the Minimum Data Set (“MDS”), and the RAI is sent to CMS, which collects the data and information contained therein. 42 C.F.R. §§ 413.343(b), 483.20(b), (h), (i).

171. The RAI includes information, data and assessments including the following:  
Identification and demographic information; Customary Routine, Cognitive Patterns,

Communication, Vision, Mood and Behavior Patterns, Psychosocial Well-Being, Physical Functioning and Structural Problems, Continence, Disease Diagnoses and Health Conditions, Dental and Nutritional Status, Skin Condition, Activity Pursuit, Medications, Special Treatments and Procedures, and Discharge Potential. 42 C.F.R. § 483.20(b)(1).

172. The MDS nurse creates a care plan for each SNF patient resident based upon the results of the RAI assessment.

173. The RAI must be accurate. 42 C.F.R. § 483.20(g).

174. Each individual who completes a portion of the RAI must sign and certify the accuracy of that portion of the assessment. 42 C.F.R. § 483.20(i)(2).

175. Federal regulations impose a penalty for falsification of an RAI. 42 C.F.R. § 483.20(j) provides, in part, as follows:

(1) Under Medicare and Medicaid, an individual who willfully and knowingly—

(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or

(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.

176. Immediately after the CHOW, Pruitt management sent in United Clinical consultants to re-assess the Pruitt-Bamberg SNF patients' conditions which resulted in fraudulent upcoding by the Pruitt-Bamberg SNF.

177. At the time, none of the Pruitt-Bamberg SNF patients had experienced a substantial change in condition which warranted a RAI re-assessment.

178. The patient re-assessments and re-evaluations were done by Pruitt/Pruitthealth controlled and/or affiliated consultants in order to falsely increase the billings to Medicaid by the

Pruitt-Bamberg SNF by fraudulently assessing Medicaid patients with conditions worse than the patients actually experienced at the time.

179. These fraudulent re-assessments and re-evaluations of patients were done without true medical evaluations of the patients at the Pruitt-Bamberg SNF facility, and became part of the patients' medical charts, plans of care, electronic health records ("EHRs"), and electronic medical records ("EMRs").

180. These fraudulent re-assessments and re-evaluations of Pruitt-Bamberg SNF patients were performed in complete and utter disregard of the prior assessments, diagnoses and evaluations done by the facility's long-time nursing staff who had cared for the facility's patients prior to the CHOW. These long-time nursing staff were intimately more familiar with the facility's patients' conditions than the Pruitt/Pruitthealth consultants, and some of the patients had been treated by the nursing staff for long periods of time.

181. These fraudulent re-assessments and re-evaluations of Pruitt-Bamberg SNF patients resulted in medically unnecessary and unreasonable treatment with higher billing codes than were warranted by the patients' true conditions.

182. These fraudulent re-assessments and re-evaluations and care plans of Pruitt-Bamberg SNF patients were performed primarily by United Clinical consultants who intentionally did not use or follow appropriate qualifying criteria in their re-assessments which resulted in many, if not all, Medicaid patients being re-assessed as skilled care patients rather than intermediate care patients that they really were.

183. When the Pruitt/Pruitthealth-owned, controlled and/or affiliated United Clinical consultants fraudulently inflated and/or falsely upcoded almost all the Pruitt-Bamberg SNF Medicaid patients' conditions as being skilled care patients rather than intermediate care patients



that they really were, the SNF immediately began submitting inflated, fraudulent bills, invoices and claims to the federal government and/or state of South Carolina for reimbursement, upon information and belief, in either electronic or paper form, and Pruitt-Bamberg SNF received payment from the federal government and aforesaid state government of South Carolina for such materially false and fraudulent claims.

184. In or about September, 2009, Pruitt/Pruitthealth management of the Defendant Nursing Homes imposed goals of achieving an 85% skilled intensity Medicaid census and a minimum of 82% therapy utilization on Medicare Part A patients.

185. The foregoing re-assessments were implemented to meet and/or maintain the stated Pruitt/Pruitthealth goals, as more fully set out in an 11/16/2009 email, **Exhibit 16**, attached hereto and incorporated herein by reference.

186. In submitting or presenting claims for payment to the federal government and/or the state of South Carolina, either in interim claims or pursuant to annual cost reports, the Defendants made the following express or implied certifications or representations, to wit: (a) the claims were true, complete and accurate; (b) the claims were for therapy services which were medically necessary and reasonable; and, (c) the claims were in compliance with the Medicare and/or Medicaid programs' statutes, regulations, rules and manuals. As a result of the foregoing conspiracy, combination, scheme and artifice to defraud, the Defendants' foregoing certifications and representations to the federal government and aforesaid state government were false and fraudulent.

187. Upon information and belief, similar fraudulent upcoding practices with respect to Medicaid patients, and resulting materially false and fraudulent claim, occurred at each of the Defendant Nursing Homes since at least 2009. Upon information and belief, the aforesaid state

and federal governments, including the Medicaid program, did not know of the false and fraudulent nature of the foregoing upcoded claims which had been initiated by Pruitt/Pruitthealth Related Company consultants after the CHOW for the Pruitt-Bamberg SNF facility.

188. Upon information and belief, had the aforesaid state and federal governments, including the Medicaid program, known of the true, fraudulent nature of the foregoing upcoded patient conditions to skilled care patients rather than immediate care patients, the federal government and/or the state of South Carolina would not have made payments in reimbursement of such false and fraudulent claims to Pruitt-Bamberg SNF and Pruitthealth.

**FRAUDULENTLY UPCODING MEDICARE PATIENTS' RUG LEVELS**

189. Similarly, with respect to Medicare Part A patient residents of the Pruitt-Bamberg SNF facility, United Clinical consultants falsely and fraudulently re-assessed them from their existing Resource Utilization Group ("RUG") scores and upcoded their status to new, higher scores that were most costly to Medicare and most profitable to Pruitt.

190. Instead of providing skilled rehabilitation therapy that was tailored to beneficiaries' particular needs, the United Clinical consultants re-assessed nearly all of the existing Medicare patients immediately after the CHOW with fraudulent RAI instruments and MDS information. These materially false and fraudulent RAI instruments and false MDS information became part of the Pruitt-Bamberg SNF patients' medical charts, medical records, EHRs and EMRs.

191. As a direct result of Pruitt/Pruitthealth's and their affiliates' efforts to fraudulently maximize higher levels of therapy revenues at the Pruitt-Bamberg SNF from the Medicare program, the SNF's therapists provided federal health insurance beneficiaries with excessive amounts of therapy that was not medically reasonable nor medically necessary. The Pruitt-

Bamberg SNF's therapists routinely provided more intense, non-individualized services that did not (and could not) benefit the Medicare beneficiaries and that served primarily to inflate the Pruitt-Bamberg SNF facility's bills and claims for payment presented to the federal government's Medicare program for those beneficiaries through interim claims for payment and through cost reports.

192. The fraudulent reassessments were in keeping with the attitude and policies of Pruitt/Pruitthealth and its management to expand the profit margins of the SNFs, Related Companies, and other Pruitthealth entities at all costs and regardless of the medical necessity, reasonableness or effect on the patients. Soon after the CHOW, on or about November 19, 2009, Pruitt/Pruitthealth Regional Administrator Brian Warrick sent an email to Relator and other Defendant Nursing Home administrators, with an attached list of "20 Questions Reviewed before Rehab Discontinuation," encouraging them to use the questions as a means to increase the SNFs' patients' length of stay ("LOS") at their respective nursing homes. Exhibit 17, is the subject email and attached list, which is attached hereto and incorporated herein by reference. The other Defendant Nursing Home administrators who received the email included Joseph J. Carr, Michelle Hay, Carol Carlisle, Tom Markuszka, Tammy E. Carter, Brenda Parris, Brenda Hughes, Theodocia W. Martin, Rebecca S. Stephenson, Dean Smith, Michelle Santilli, and Nancy W. McKinstry.

193. Brian Warrick stated in his email that the *"Northern Peach region Administrators have used this and had successful results in adding to their LOS. This, of course, would assist in generating a higher Medicare census. Let me know how it works for you."* Id. Administrator Suzanne Gerhardt, who was already using the questions, had previously



told Brian Warrick and others that “*you guys may already have this but..if not.... we are using these questions to help increase our LOS.*” Id.

194. Number 18 of the 20 Questions List states tellingly: “*Have we left ‘no stone unturned’ and enabled the patient to receive max time/treatment entitled under Medicare Part A guidelines?*” Id.

195. Clearly, the focus of management was on increasing profits by increasing the SNFs’ patients’ length of stay, and this motivation underscored the fraudulent reassessments of the patients’ RAIs right after the CHOW.

196. Subject to certain conditions, Medicare Part A covers up to 100 days of skilled nursing and rehabilitation care for a benefit period (i.e., spell of illness) following a qualifying hospital stay of at least three consecutive days. 42 U.S.C. § 1395d(a)(2)(A); 42 C.F.R. § 409.61(b), (c).

197. The conditions that Medicare imposes on its Part A skilled nursing facility benefit include: (1) that the patient requires skilled nursing care or skilled rehabilitation services (or both) on a daily basis, (2) that the daily skilled services must be services that, as a practical matter, can only be provided in a skilled nursing facility on an inpatient basis, and (3) that the services are provided to address a condition for which the patient received treatment during a qualifying hospital stay or that arose while the patient was receiving care in a skilled nursing facility (for a condition treated during the hospital stay). 42 U.S.C. § 1395f(a)(2)(B); 42 C.F.R. § 409.31(b).

198. Medicare requires that a physician or certain other practitioners certify that these conditions are met at the time of a patient’s admission to the nursing facility and to re-certify to the patient’s continued need for skilled rehabilitation therapy services at regular intervals

thereafter. 42 U.S.C. § 1395f(a)(2)(B); Medicare General Information, Eligibility, and Entitlement Manual, Ch. 4, § 40.3.

199. To be considered a skilled service, it must be “so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel,” 42 C.F.R. § 409.32(a), such as physical therapists, occupational therapists, or speech pathologists. 42 C.F.R. § 409.31(a).

200. Skilled rehabilitation therapy generally does not include personal care services, such as the general supervision of exercises that have already been taught to a patient or the performance of repetitious exercises (e.g., exercises to improve gait, maintain strength or endurance, or assistive walking). 42 C.F.R. § 409.33(d). “Many skilled nursing facility inpatients do not require skilled physical therapy services but do require services, which are routine in nature. Those services can be performed by supportive personnel; e.g., aides or nursing personnel . . .” Medicare Benefit Policy Manual, Chapter 8, § 30.4.1.1.

201. Medicare Part A will only cover those services that are reasonable and necessary. 42 U.S.C. § 1395y(a)(1)(A); 42 U.S.C. § 1320c-5(a)(1) (providers must assure that they provide services economically and only when, and to the extent, medically necessary); 42 U.S.C. § 1320c-5(a)(2) (services provided must be of a quality which meets professionally recognized standards of health care).

202. In the context of skilled rehabilitation therapy, this means that the services furnished must be consistent with the nature and severity of the patient’s individual illness, injury, or particular medical needs; must be consistent with accepted standards of medical practice; and must be reasonable in terms of duration and quantity. Medicare Benefit Policy Manual, Ch. 8, § 30.

203. In order to assess the reasonableness and necessity of those services and whether reimbursement is appropriate, Medicare requires proper and complete documentation of the services rendered to beneficiaries. In particular, the Medicare statute provides that: "No payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period." 42 U.S.C. § 1395l(e).

204. Under its Prospective Payment System ("PPS"), Medicare pays a nursing facility a pre-determined daily rate for each day of skilled nursing and rehabilitation services it provides to a patient. 63 Fed. Reg. 26,252, 26,259-60 (May 12, 1998).

205. The daily PPS rate that Medicare pays a nursing facility depends, in part, on the RUG level to which a patient is assigned. Each distinct RUG is intended to reflect the anticipated costs associated with providing nursing and rehabilitation services to beneficiaries with similar characteristics or resource needs. From January 1, 2006, to October 1, 2010, there were 53 RUGs in the so called "RUG-III" classification system. 70 Fed. Reg. 45,026, 45,031 (Aug. 4, 2005).

206. There are generally five rehabilitation RUG levels for those beneficiaries that require rehabilitation therapy: Rehab Ultra High (known as "RU"), Rehab Very High ("RV"), Rehab High ("RH"), Rehab Medium ("RM"), and Rehab Low ("RL").

207. The rehabilitation RUG level to which a patient is assigned depends upon the number of skilled therapy minutes a patient received and the number of therapy disciplines the patient received during a seven-day assessment period (known as the "look-back period"). The



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chart below reflects the requirements for the five rehabilitation RUG levels under the RUG-III classification system.

<b>Rehabilitation RUG Level</b>	<b>Requirements to Attain RUG Level</b>
RU = Ultra High	minimum 720 minutes per week total therapy combined from at least two therapy disciplines; one therapy discipline must be provided at least 5 days per week
RV = Very High	minimum 500 minutes per week total therapy; one therapy discipline must be provided at least 5 days per week
RH = High	minimum 325 minutes per week total therapy; one therapy discipline must be provided at least 5 days per week
RM = Medium	minimum 150 minutes per week total therapy; must be provided at least 5 days per week but can be any mix of therapy disciplines
RL = Low	minimum 45 minutes per week total therapy; must be provided at least 3 days per week but can be any mix of therapy disciplines

Source: 63 Fed. Reg. at 26,262

208. Medicare pays the most for those beneficiaries that fall into the Ultra High RUG level. The Rehab Ultra High ("RU") RUG level is "intended to apply only to the most complex cases requiring rehabilitative therapy well above the average amount of service time." 63 Fed. Reg. 26,252, 26,258 (May 12, 1998).

209. In addition to reflecting a patient's rehabilitation therapy needs, each RUG also reflects the patient's ability to perform certain activities of daily living ("ADL"), like eating, toileting, bed mobility and transfers (e.g., from a bed to a chair). A patient's ADL score (ranging from A to C) reflects his or her dependency level when performing an ADL. A very dependent patient, who cannot perform any of the ADLs without assistance, would generally receive an ADL score of "C," while a patient who could perform the ADLs without assistance would receive an ADL score of "A."

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210. In addition to the ADL scores of A, B, and C, Medicare provides “X” and “L” ADL scores for those beneficiaries that require “extensive services” in addition to rehabilitation therapy. Extensive services include intravenous treatment, ventilator or tracheostomy care, or suctioning. A very dependent rehabilitation patient who requires more extensive services would generally receive an ADL score of “X,” while a patient who needs only one of the extensive services might receive an ADL score of “L.”

211. To provide a sense of the tremendous impact that a RUG level or ADL score has on the Medicare daily rate, provided below is a summary chart reflecting the adjusted rates that Medicare paid nursing facilities for rehabilitation beneficiaries in fiscal year 2006. Medicare adjusts base rates annually and based on locality. 42 U.S.C. § 1395yy(e)(4)(E)(ii)(IV).

<b>RUG Rates: Federal Rates for Fiscal Year 2006</b>					
	Rehab with Extensive Services		Rehab without Extensive Services		
RUG Level	X	L	C	B	A
RU	\$ 564.83	\$ 496.04	\$ 479.53	\$ 439.62	\$ 418.99
RV	\$ 428.24	\$ 399.34	\$ 385.59	\$ 366.32	\$ 329.17
RH	\$ 363.02	\$ 356.14	\$ 335.50	\$ 320.36	\$ 296.97
RM	\$ 415.57	\$ 381.17	\$ 308.25	\$ 299.99	\$ 293.11
RL	\$ 295.03	(not applicable)	(not applicable)	\$ 271.64	\$ 231.74

212. CMS has made certain modifications to the RUG-III structure through its RUG-IV classification system, which increased the number of RUGs to 66, and became effective October 1, 2010. CMS added new clinical RUG categories, modified the timeframe in which each assessment must be performed, required that nursing facilities assess changes in the level of

therapy every seven days, and revised certain rules pertaining to group therapy, among other changes. 74 Fed. Reg. 40,288 (Aug. 11, 2009).

213. The MDS is used as the basis for determining a patient's RUG level and, therefore, the daily rate that Medicare will pay a nursing facility to provide skilled nursing and therapy to that patient.

214. In general, a nursing facility must assess each patient and complete the MDS form on the 14th, 30th, 60th, and 90th day of the patient's Medicare Part A stay in the facility. A nursing facility may assess each patient and complete the MDS form on the 5th day of the patient's Medicare Part A stay in the facility. The date the facility performs the assessment is known as the assessment reference date. A nursing facility may perform the assessment within a window of time before this date, or, under certain circumstances, up to five days after. When a nursing facility performs its assessment (except for the first assessment), it looks at the patient for the seven days preceding the assessment reference date. As discussed above, this seven day assessment period is referred to as the "look-back period."

215. The MDS collects clinical information on over a dozen criteria, including hearing, speech, and vision; cognitive patterns; health conditions; and nutritional and dental status. Section P of the MDS (2.0 version, "Special Treatments and Procedures" and Section O in the 3.0 version) collects information on how much and what kind of skilled rehabilitation therapy the facility provided to a patient during the look-back period. In particular, Section P shows how many days and minutes of therapy a nursing facility provided to a patient in each therapy discipline (i.e., physical therapy, occupational therapy, and speech-language pathology and audiology services). As discussed below, the information contained in Section P directly impacts the rehabilitation RUG level to which a patient will be assigned.



216. In most instances, the RUG level determines Medicare payment prospectively for a defined period of time. 63 Fed. Reg. at 26,267. For example, if a patient is assessed on day 14 of his stay, and received 720 minutes of therapy during days 7 through 14 of the stay, then the facility will be paid for the patient at the Ultra High RUG level for days 15 through 30 of the patient's stay. Payment for days 1 through 14 is based on the number of therapy minutes provided through the five-day assessment, as well as an estimate of the number of minutes to be provided through day 14. 63 Fed. Reg. at 26,265-67; 64 Fed. Reg. at 41,662.

217. Prior to October 1, 2010, the nursing facility would electronically transmit the MDS form to a state's health department or other appropriate agency, which in turn would transmit the data to CMS. 42 C.F.R. § 483.20(f)(3) (2008); 42 C.F.R. § 483.315(h)(1)(v) (2008). Since October 1, 2010, nursing facilities transmit the data directly to CMS. 42 C.F.R. § 483.20(f)(3).

218. Completion of the MDS is a prerequisite to payment under Medicare. 63 Fed. Reg. at 26,265. The MDS itself requires a certification by the provider that states, in part: "To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds." Minimum Data Set ("MDS") – Versions 2.0 and 3.0 for Nursing Home Resident Assessment and Care Screening.

219. A patient's RUG information is incorporated into the Health Insurance Prospective Payment System (HIPPS) code, which Medicare uses to determine the payment amount owed to the nursing facility. The HIPPS code must be included the form CMS-1450, which nursing facilities submit electronically to Medicare for payment. Medicare Claims

Processing Manual, Ch. 25, § 75.5. Medicare payment will depend largely on the HIPPS code the nursing facility submitted as part of the CMS-1450. 63 Fed. Reg. at 26,267; Medicare Claims Processing Manual, Ch. 25, § 75.5.

220. CMS rules and regulations require all medical care provided by designated health care providers to be reasonable and medically necessary, as generally set forth in, among others, 42 U.S.C. § 1320c-5(a), 42 C.F.R. §§ 482.11, 482.12, 482.22, and 482.56.

221. CMS rules and regulations require that medical charts accurately and reasonably detail the medical services and medical treatment provided to patients, as generally set forth in, among others, 42 C.F.R. § 482.24.

222. After the CHOW, Relator gained personal knowledge that Pruitt/Pruitthealth, United Clinical, Pruitt-Bamberg SNF and affiliated Related Companies embarked on a systematic scheme to defraud the federal government by re-assessing SNF patients and falsely upcoding most, if not all, of their RUG levels to the Very High (RV) level or Ultra High (RU) level which was medically unnecessary, excessive, unreasonable under the circumstances, and, in most instances, not ordered or certified by a physician, and without justification for such high level of RUG assessments and the related treatments.

223. Defendant Pruitt-Bamberg SNF provided therapy to Medicare Part A patients which was pursuant to inflated RUG levels of patients in order to qualify for reimbursements from the federal government which were higher than what justified by the patients' conditions, illnesses or injuries.

224. Upon information and belief, after the CHOW, Pruitt-Bamberg SNF therapists routinely used materially false and fraudulent daily therapy schedule time sheets, in part, to continue the upcoded and inflated RUG levels of patients which were initially fraudulently set by

the United Clinical consultants in the RAIs/MDSs all in order to fraudulently gain maximum reimbursements from the federal government. The information from these materially fraudulent daily therapy schedule time sheets was used by the Defendants to continue to upcode the MDS patient assessment forms so that patients would be assigned inflated RUG levels higher than what they were in reality qualified to receive. The upcoded therapies were routinely and fraudulently used to inflate the therapies provided during the “look-back period” which increased the number of therapy minutes which were used to set the RUG levels. Once the fraudulent higher RUG levels were assigned to federal health care beneficiaries/patients, Pruitt-Bamberg SNF obtained payments from Medicare in excess of what it was entitled.

225. In submitting or presenting claims for payment to the federal government, either in interim claims or pursuant to annual cost reports, the Defendants made the following express or implied certifications or representations, to wit: (a) the claims were true, complete and accurate; (b) the claims were for therapy services which were medically necessary and reasonable; and, (c) the claims were in compliance with the Medicare and/or Medicaid programs’ statutes, regulations, rules and manuals. As a result of the foregoing conspiracy, combination, scheme and artifice to defraud, the Defendants’ foregoing certifications and representations to the federal government were false and fraudulent.

226. Upon information and belief, similar fraudulent upcoding practices with respect to Medicare patients, and resulting materially false and fraudulent claims, occurred at each of the Defendant Nursing Homes since at least 2009.

227. Upon information and belief, the federal government, including the Medicare program, did not know of the false and fraudulent nature of the foregoing upcoded claims which had occurred by Pruitt after the CHOW for the Pruitt-Bamberg SNF facility.



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228. Upon information and belief, had the federal government, including the Medicare program, known of the true, fraudulent nature of the foregoing upcoded patient RUG levels, the federal government would not have made payments in reimbursement of such false and fraudulent claims to Pruitt/Pruitthealth and/or Pruitt-Bamberg SNF.

229. Upon information and belief, the Defendants received payments from the United States for the false and fraudulent billings and claims for payment set forth above. Relator learned from her employment at the Pruitt-Bamberg SNF that these foregoing fraudulent schemes and practices involving the Pruitt-Bamberg SNF and all of the Defendant Nursing Homes have been ongoing since at least August 3, 2009, and, upon information and belief, are ongoing.

**HOSPICE FRAUD CLAIMS AND SCHEME**

230. During Relator's employment at the Pruitt-Bamberg SNF, she obtained personal knowledge of a number of various Medicare/Medicaid frauds and fraudulent schemes perpetrated by and between the Pruitt-Bamberg SNF, the Defendant Hospice, the Defendant Nursing Homes and the Pruitt/Pruitthealth-related organizations, individuals and trusts.

231. In general, Medicare provides a covered benefit for individuals who qualify for hospice care. Hospice care involves those services and items provided to a terminally ill individual pursuant to a written plan of care established and periodically reviewed and updated by the individual's attending physician or the medical director of a hospice program. 42 U.S.C. § 1395x(d)(d)(1); 42 C.F.R. § 418.20. An individual qualifies as "terminally ill" if the individual has a medical prognosis of a life expectancy that is 6 months or less. 42 U.S.C. § 1395x(d)(d)(3). The treatment provided to a hospice patient must be palliative care (generally

relieving pain, managing symptoms and optimizing the quality of life), and not curative care. 42 C.F.R. § 418.3.

232. The patient's physician and the medical director of the hospice must certify in writing that the patient is "terminally ill." 42 U.S.C. § 1395f(a)(7); 42 C.F.R. § 418.20. After a patient's initial certification, Medicare provides for two ninety-day benefit periods followed by an unlimited number of sixty-day benefit periods. 42 U.S.C. § 1395d(a)(4). At the end of each ninety- or sixty-day period, the patient can be re-certified only if at that time he or she has less than six months to live if the illness runs its normal course. 42 U.S.C. § 1395f(a)(7)(A). The written certification and re-certifications must be maintained in the patient's medical records. 42 C.F.R. § 418.23. A written plan of care must be established for each patient setting forth the types of hospice care services the patient is scheduled to receive, 42 U.S.C. § 1395f(a)(7)(B), and the hospice care has to be provided in accordance with such plan of care. 42 U.S.C. § 1395f(a)(7)(C); 42 C.F.R. § 418.56. Clinical records for each hospice patient must be maintained by the hospice, including plan of care, assessments, clinical notes, signed notice of election, patient responses to medication and therapy, physician certifications and re-certifications, outcome data, advance directives and physician orders. 42 C.F.R. § 418.104.

233. The hospice must obtain a written notice of election from the patient to elect to receive Medicare hospice benefits. 42 C.F.R. § 418.24. Once a patient has elected to receive hospice care benefits, the patient waives Medicare benefits for curative treatment for the terminal disease upon which is the admitting diagnosis. 42 C.F.R. § 418.24(d).

234. The hospice must designate an Interdisciplinary Group (IDG) or groups composed of individuals who work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of the hospice patients and families facing terminal illness and bereavement. 42

C.F.R. § 418.56. The Medicare hospice regulations, at 42 C.F.R. § 418.200, summarize the requirements for hospice coverage in pertinent part as follows:

To be covered, hospice services must meet the following requirements. They must be reasonable and necessary for the palliation and management of the terminal illness as well as related conditions. The individual must elect hospice care in accordance with §418.24. A plan of care must be established and periodically reviewed by the attending physician, the medical director, and the interdisciplinary group of the hospice program as set forth in §418.56. That plan of care must be established before hospice care is provided. The services provided must be consistent with the plan of care. A certification that the individual is terminally ill must be completed as set forth in section §418.22.

235. Medicare benefits are available only for those medical treatments which are "reasonable and necessary for the palliation and management of terminal illness." 42 U.S.C. § 1395y(a); 42 C.F.R. § 418.50.

236. Medicare does not pay a hospice benefit for room and board. When a hospice patient is eligible for Medicaid, too, and is a resident of a nursing home or SNF, Medicaid will pay the hospice at least 95% of the state's daily nursing home rate, and the hospice is then responsible for paying the nursing home for the patient's room and board.

237. Soon after the CHOW took place for the Pruitt-Bamberg SNF, Relator realized that the Pruitt/Pruitthealth organizations were set on manipulating and abusing Medicare/Medicaid laws, regulations, rules and manuals regarding hospice and nursing home care. On August 13, 2009, she received an email from Pruitt-Pruitthealth employee Brian Warwick, which mandated that all of the Defendant Nursing Homes exclusively use Defendant Hospice for all hospice care for patients residing in the Defendant Nursing Homes. See Exhibit 11, Item # 13.

238. Upon information and belief, all Defendant Nursing Homes were, explicitly or implicitly, required to exclusively refer all of their hospice patients to the Defendant Hospice, and, in a *quid pro quo* swapping arrangement, the Defendant Hospice was required to



exclusively refer all of its patients to Defendant Nursing Homes. These exclusive patient referral arrangements and agreements violated the AKS Statute, and the illegal remuneration which was the inducements for the referrals, solicitation of referrals, and ordering and recommendation of referred services, included, but were not limited to, the promises and agreements to refer to each other. Thus, all Medicare and Medicaid claims relating to patients referred to/from the Defendant Hospice and Defendant Nursing Homes were false and fraudulent claims.

239. Soon after the CHOW took place for the Pruitt-Bamberg SNF, Relator was instructed by Pruitt-Pruitthealth management that all Defendant Nursing Homes' patients who became eligible for hospice benefits had to enroll for hospice with Defendant Hospice, or they were to be kicked out of the Defendant Nursing Homes. Likewise, those patients of the Defendant Nursing Homes who, before the CHOW, were receiving hospice care from a provider other than Defendant Hospice, were forced to switch their hospice provider and elect Defendant Hospice as their provider, or they were kicked out of the Defendant Nursing Homes. Those existing patients of the Defendant Nursing Homes who qualified for hospice benefits but refused to enroll with Defendant Hospice were kicked out of their respective Defendant Nursing Homes, which Relator in particular knew occurred at the Pruitt-Bamberg SNF and the Pruitthealth – Aiken, LLC SNF facility. By threatening and coercing Defendant Nursing Homes' patients to accept Defendant Hospice as their sole hospice care provider, the Defendant Nursing Homes violated the patients' rights to elect hospice care and receive hospice treatment. Thus, all Medicare and Medicaid claims relating to patients referred between the Defendant Hospice and Defendant Nursing Homes as a result of the threats, coercion and abusive marketing tactic were false and fraudulent claims. 42 C.F.R. § 418.52.

240. Soon after the CHOW took place for the Pruitt-Bamberg SNF, Relator was instructed by Pruitt-Pruitthealth management that all Defendant Nursing Homes had to maintain a “quota” of hospice patients in their respective facilities. Again, the Defendant Nursing Homes, including the Pruitt-Bamberg SNF, were required to exclusively use the Defendant Hospice’s services for such hospice patients. Generally, the Pruitt-Pruitthealth management’s required quota of hospice patients for the Defendant Nursing Homes was 10% - 20% of the SNF patient census.

241. In addition to the required hospice patient quota, the Pruitt-Pruitthealth organization and management, Defendant Nursing Homes and Hospice unlawfully gamed the Medicare/Medicaid system by routinely and fraudulently manipulating and/or coercing Defendant Nursing Homes’ patients, who were about to run out of their Medicare Part A SNF in-patient coverage, to elect the hospice benefit in order to extend federal health care payments to the Pruitt-Pruitthealth organizations, maximize patients’ Length of Stays (“LOS”) and maximize profits for the Pruitt-Pruitthealth Defendants.

242. Upon information and belief, in addition to their foregoing coercive and abusive marketing tactics, the Defendant Nursing Homes and Defendant Hospice routinely and systemically falsely and fraudulently marketed the hospice benefits to potential hospice patients and their families in that the Defendant Hospice knowingly failed to provide an accurate description of benefits to hospice patients that they would actually receive in the Defendant Nursing Homes. Typically, the amount of nursing care, counseling, therapy, and social worker services provided by Defendant Hospice to patients admitted to the Defendant Nursing Homes were less than those provided by Hospice to patients who were not admitted to the Defendant Nursing Homes. Defendant Nursing Homes and Defendant Hospice knowingly, intentionally

and fraudulently failed to disclose the lesser care that the potential hospice/SNF patient would receive as a hospice patient residing in the Defendant Nursing Homes, and failed to disclose the kickbacks for referrals made between the Defendant Nursing Homes and the Hospice, and failed to disclose the exclusive referral arrangements and agreements between the Defendant Nursing Homes and the Hospice. Seldom would a patient's hospice plan of care treatment be followed as written. Likewise, the Defendant Nursing Homes were constantly urged and instructed by Pruitt-Pruitthealth management to maximize the LOS of their Hospice patients.

243. Upon information and belief, when the Defendant Nursing Homes had a patient who was qualified for Medicaid benefits, and was also receiving the Medicare hospice benefit, Defendant Hospice would bill Medicaid for room and board, and then pay the Defendant Nursing Homes for the room and board of the patient. Upon information and belief, Defendant Hospice would routinely pay the Defendant Nursing Homes more than the Medicaid room and board reimbursement rate as an further inducement for continuing referrals of hospice patients, or provide other inducements, like assigning a certified nurse assistant ("CNA") to those Defendant Nursing Homes which housed large numbers of Hospice patients. Typically, the assigned CNA, which Defendant Hospice charged as hospice care reimbursed by Medicare, would perform duties which were supposed to be covered by the SNF staff. Likewise, upon information and belief, Defendant Hospice would bill Medicare for the hospice case management program, including services for nurses and invoices for medications, which should have been part of the underlying SNF benefits for which the Defendant Nursing Homes should have provided and been reimbursed by Medicaid. This was often the case when a Defendant Nursing Home had a large number of Defendant Hospice's hospice patients, and the Defendant Hospice would assign a nurse to the SNF facility who would provide services to patients which



should have been covered by the SNF's Medicaid benefit. Thus, the Defendant Nursing Homes and Defendant Hospice routinely and systemically provided such duplicate services which were medically unnecessary and unreasonable, and which resulted in knowingly materially false and fraudulent claims. Upon information and belief, Defendant Nursing Homes and Defendant Hospice knowingly and intentionally violated the AKS Statute by knowingly soliciting, offering to pay for, and paying remuneration for these referrals to each other.

244. As a result of the foregoing threats, coercions, manipulations, marketing frauds, quotas, misrepresentations, many of the Defendant Nursing Homes'/Hospice's hospice patients did not qualify for federal hospice benefits, primarily because they did not have a true, legitimate diagnosis of a terminal illness with a life expectancy of six months or less. These patients were unlawfully and fraudulently receiving hospice care which were medically unnecessary and inappropriate, unreasonable under the circumstances, and for which they were not eligible. These patients' certifications and re-certifications as being eligible for hospice benefits were materially false and fraudulent. As a result, the Defendant Nursing Homes' and Defendant Hospice's claims for payment to the federal government health care programs and the states of Florida, Georgia, North Carolina and/or South Carolina, with respect these hospice patients, were knowingly materially false and fraudulent claims.

245. In submitting or presenting claims for payment to the federal government and/or the states of Florida, Georgia, North Carolina and/or South Carolina, either in interim claims or pursuant to annual cost reports, the Defendant Nursing Homes and Defendant Hospice made the following express or implied certifications or representations, to wit: (a) the claims were true, complete and accurate; (b) the claims were for services which were medically necessary and reasonable and were for services actually provided; (c) the claims were in compliance with the

Anti-Kickback Statute; (d) the patients receiving hospice benefits qualified for such benefits; (e) the claims were in compliance with the Medicare and/or Medicaid programs' statutes, regulations, rules and manuals. As a result of the foregoing conspiracy, combination, scheme and artifice to defraud, the Defendants' foregoing certifications and representations to the federal government and aforesaid state governments were materially false and fraudulent.

246. All of the foregoing hospice-related frauds, fraudulent schemes and false claims were knowingly perpetrated with the knowledge, consent, and/or participation, indirect or direct, of the Pruitt-Pruitthealth organization and management, including, but not limited to, Defendant Nursing Homes and Defendants Pruitt, Pruitthealth, Nancy Pruitt, UHSI, NP Trust, JP Trust, LP Trust, John Does and Hospice.

### **CONCLUSION**

247. Because the Defendants' claims for payment to the federal health care benefit programs (i.e., CMS Forms 1450, 1500, 2540-96, UB-92, and/or UB-04 and comparable CMS electronic claim forms X12 837) were made in knowing violation of Medicare and Medicaid statutes, regulations and program condition of participation requirements, including, but not limited to, violations of the federal health care fraud and AKS laws, these claims were materially false and fraudulent, and the related documents in support of these false and fraudulent claims, including, but not limited to, Medicare enrollment applications and certifications, Medicaid enrollment applications and certifications, federal health care benefit program provider agreements and certifications, Electronic Data Interchange Agreements ("EDIs"), patient charts, electronic medical records ("EMRs"), electronic health records ("EHRs"), physicians orders, plans of care, physician referral orders, physician instructions, physician consultation orders, physician certifications, hospice eligibility certifications, hospice election forms, census sheets,

daily therapy schedule time sheets, Resident Assessment Instruments (“RAIs”), Minimum Data Sets (“MDSs”), vendor and/or supplier agreements and/or invoices, and express and implied representations and certifications in the interim claims for payment and those express and implied certifications and related claims contained in the annual cost reports, were likewise materially false and fraudulent records and statements.

248. The foregoing materially false and fraudulent claims for payment to the federal health care benefit programs, and the foregoing materially false and fraudulent documents, records and statements, violated federal laws, including but not limited to, 42 U.S.C. § 1320a-7b(a)(1), which prohibits anyone from knowingly and willfully making or causing to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program.

249. The foregoing materially false and fraudulent claims for payment to the federal health care benefit programs, and the foregoing materially false and fraudulent documents, records and statements, violated federal laws, including but not limited to, 42 U.S.C. § 1320a-7b(a)(2), which prohibits anyone from knowingly and willfully making or causing to be made any false statement or representation of a material fact for use in determining rights to such benefit or payment under a Federal health care program.

250. The foregoing materially false and fraudulent claims for payment to the federal health care benefit programs, and the foregoing materially false and fraudulent documents, records and statements, violated federal laws, including but not limited to, 42 U.S.C. § 1320a-7b(a)(3), which prohibits anyone from knowingly and willfully having knowledge of the occurrence of any event affecting (A) his initial or continued right to any such benefit or payment, or (B) the initial or continued right to any such benefit or payment of any other



individual in whose behalf he has applied for or is receiving such benefit or payment, conceals or fails to disclose such event with an intent fraudulently to secure such benefit or payment either in a greater amount or quantity than is due or when no such benefit or payment is authorized.

251. The foregoing materially false and fraudulent claims for payment to the federal health care benefit programs, and the foregoing materially false and fraudulent documents, records and statements, violated federal laws, including but not limited to, 18 U.S.C. § 1035(a), which prohibits anyone, in any matter involving a health care benefit program, from knowingly and willfully (1) falsifying, concealing, or covering up by any trick, scheme, or device a material fact, or (2) making any materially false, fictitious, or fraudulent statements or representations, or making or using any materially false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items or services.

252. The foregoing materially false and fraudulent claims for payment to the federal health care benefit programs, and the foregoing materially false and fraudulent documents, records and statements, violated federal laws, including but not limited to, 18 U.S.C. § 1347, which prohibits anyone from knowingly and willfully executing, or attempting to execute, a scheme or artifice (1) to defraud any health care benefit program, or (2) to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program, in connection with the delivery of or payment for health care benefits, items, or services.

253. The foregoing materially false and fraudulent claims for payment to the federal health care benefit programs, and the foregoing materially false and fraudulent documents,

records and statements, and the Defendants' conspiracy with respect thereto, violated other federal laws, including but not limited to, 18 U.S.C. §§ 286, 287, 1001 and 1349.

254. Defendants knew that they were not entitled to receive payments from the federal health care benefit programs for the foregoing materially false and fraudulent claims, yet nevertheless knowingly accepted these federal payments, and, upon information and belief, continue to knowingly accept such federal payments for such false and fraudulent claims. Defendants knowingly made materially false records and false statements in support of such false and fraudulent claims to the federal health care benefit programs, and, upon information and belief, continue to make such materially false records and false statements in support of such false and fraudulent claims to the federal health care benefit programs. Defendants knowingly made materially false records and false statements in support of such false and fraudulent claims to the federal health care benefit programs, material to an obligation to pay or transmit money or property to the United States Government, or knowingly and fraudulently concealed and, upon information and belief continue to knowingly and fraudulently conceal an obligation to pay or transmit money or property to the United States Government, or knowingly, fraudulently and improperly avoided or decreased, and continue to knowingly, fraudulently and improperly avoid and decrease, an obligation to pay or transmit money or property to the United States Government.

255. The Defendants' foregoing materially false records or false statements include, but are not limited to, Medicare enrollment applications and certifications, Medicaid enrollment applications and certifications, federal health care benefit program provider agreements and certifications, EDIs, patient charts, EMRs, EHRs, physicians orders, plans of care, physician referral orders, physician instructions, physician consultation orders, physician certifications,

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hospice election forms, census sheets, daily therapy schedule time sheets, RAIs, MDSs, and express and implied certifications and representations in the claims for payment (i.e., CMS Forms 1450, 1500, 2540-96, UB-92, and/or UB-04 and comparable CMS electronic forms X12 837) for SNF services set forth in interim claims and the express and implied certifications and representations and related claims in annual cost reports. Upon information and belief, the aforementioned certifications and representations were, and continue to be, at all times relevant to this action, conditions of payment under the Medicare and Medicaid programs. Upon information and belief, compliance with Medicare and Medicaid statutes, regulations, rules and manuals, and the truthfulness and accuracy of the foregoing express and implied certifications and representations, were, and continued to be, at all times relevant to this action, conditions of payment under the Medicare and Medicaid programs.

256. Upon information and belief, the Defendants made the foregoing false and fraudulent claims to the federal health care benefit programs on a daily, weekly or monthly basis through the government's electronic or paper claims payment system. Upon information and belief, the federal health care benefit program form used to submit the foregoing knowingly false and fraudulent claims and costs reports were CMS Forms 1450, 1500, 2540-96, UB-92, and/or UB-04 for SNF services and the comparable CMS electronic claim forms X12 837.

257. Upon information and belief, the federal government did not know of the false nature of the foregoing fraudulent claims, and, had it known of the falsity of these claims, would not have made payments to the Defendants for these false and fraudulent claims.

258. Upon information and belief, the aforesaid state Medicaid programs did not know of the false nature of the foregoing fraudulent claims, and, had they known of the falsity of these claims, would not have made payments to the Defendants for these false and fraudulent claims.



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**COUNT 1**  
**SECTION 3729(a)(1)(A) CLAIM**

259. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

260. Defendants knowingly presented, or caused to be presented, and upon information and belief continue to present or cause to be presented, false and fraudulent claims for payment or approval to the United States – i.e., the foregoing false and fraudulent claims for payments from Medicare and Medicaid, in violation of 31 U.S.C. § 3729(a)(1)(A).

261. Said false and fraudulent claims were presented with the said Defendants' actual knowledge of their falsity, or with reckless disregard or deliberate ignorance of whether or not they were false.

262. The United States relied on these false and fraudulent claims, was ignorant of the truth regarding these claims, and would not have paid Defendants for these false and fraudulent claims had it known the truth of the falsity of the said Medicare and Medicaid claims by these Defendants.

263. As a direct and proximate result of the false and fraudulent claims made by Defendants, the United States has suffered damages and therefore is entitled to recovery as provided by the FCA in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each such violation of the FCA.

**COUNT 2**  
**SECTION 3729(a)(1)(B) CLAIM**

264. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

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265. The Defendants knowingly made, used or caused to be made or used, and upon information and belief continue to make, use and cause to be made or used, false records or false statements material to the foregoing false or fraudulent claims to get these false or fraudulent claims paid and approved by the United States, in violation of 31 U.S.C. § 3729(a)(1)(B).

266. These Defendants' knowingly false records or false statements were material, and upon information and belief continue to be material, to the false and fraudulent claims for payments they made and continue to make to the United States for Medicare and Medicaid reimbursements and benefits.

267. The Defendants' materially false records or false statements are set forth above and include, but are not limited to, the foregoing Medicare enrollment applications and certifications, Medicaid enrollment applications and certifications, federal health care benefit program provider agreements and certifications, EDIs, patient charts, EMRs, EHRs, physicians orders, plans of care, physician referral orders, physician certifications, hospice election forms, daily therapy schedule time sheets, RAIs, MDSs, and express and implied certifications in the interim claims for payment (i.e., CMS Forms 1450 2540-96, UB-92, and/or UB-04 and comparable CMS electronic forms X12 837 for SNF services) and express and implied certifications and related claims contained in the cost reports.

268. These said false records or false statements were made, used or caused to be made or used, and continue to be made, used and caused to be made and used, with these Defendants' actual knowledge of their falsity, or with reckless disregard or deliberate ignorance of whether or not they were false.

269. As a direct and proximate result of these materially false records or false statements, and the related false or fraudulent claims made by Defendants, the United States has

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suffered damages and therefore is entitled to recovery as provided by the FCA in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each such violation of the FCA.

**COUNT 3**  
**SECTION 3729(a)(1)(G) CLAIM**

270. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

271. Defendants knowingly made, used or caused to be made or used false records or false statements, and upon information and belief continues to knowingly make, use or caused to be made false records or false statements, material to an obligation to pay or transmit money or property to the United States Government, or knowingly concealed and upon information and belief continue to conceal an obligation to pay or transmit money or property to the United States Government, or knowingly and improperly avoided or decreased, and upon information and belief continue to knowingly and improperly avoid and decrease, an obligation to pay or transmit money or property to the United States Government, in violation of 31 U.S.C. § 3729(a)(1)(G).

272. These said false records or statements were presented, and upon information and belief continue to be presented, with actual knowledge of their falsity, or with reckless disregard or deliberate ignorance of whether or not they were false.

273. As a direct and proximate result of these knowingly false records or false statements by the Defendants, the United States has suffered damages and therefore is entitled to recovery as provided by the FCA of an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each violation.

**COUNT 4**  
**SECTION 3729(a)(1)(C) CLAIM**



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274. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

275. In violation of 31 U.S.C. § 3729(a)(1)(C), all of the Defendants knowingly combined and conspired to violate sections of the FCA, including, but not limited to, 31 U.S.C. § 3729(a)(1)(A), 31 U.S.C. § 3729(a)(1)(B) and 31 U.S.C. § 3729(a)(1)(G) as set forth above.

276. In a conspiracy and combination and in furtherance thereof, the Defendants knowingly presented, or caused to be presented, and continue to present or cause to be presented, false and fraudulent claims for payment or approval to the United States – i.e., the foregoing false and fraudulent claims for payments from Medicare and Medicaid -- in violation of 31 U.S.C. § 3729(a)(1)(A), and, upon information and belief, continue to combine and conspire to violate the foregoing sections of the FCA.

277. In a conspiracy and combination and in furtherance thereof, the Defendants knowingly made, used or caused to be made or used, and upon information and belief continue to make, use and cause to be made or used, false records or false statements material to the foregoing false or fraudulent claims to get these false or fraudulent claims paid and approved by the United States, in violation of 31 U.S.C. § 3729(a)(1)(B).

278. In a conspiracy and combination and in furtherance thereof, the Defendants knowingly made, used or caused to be made or used false records or false statements, and upon information and belief continue to knowingly make, use or cause to be made false records or false statements, material to an obligation to pay or transmit money or property to the United States Government, or knowingly concealed and upon information and belief continue to conceal an obligation to pay or transmit money or property to the United States Government, or knowingly and improperly avoided or decreased, and upon information and belief continue to

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knowingly and improperly avoid and decrease, an obligation to pay or transmit money or property to the United States Government, in violation of 31 U.S.C. § 3729(a)(1)(G).

279. During the conspiracy and combination and in furtherance thereof, the conspirators acted knowingly to have the foregoing false and fraudulent claims, statements, and records to be made, used and/or presented, or acted with reckless disregard or deliberate ignorance of whether or not the claims, statements and/or records were false and fraudulent, and, upon information and belief, continue to do so.

280. As a direct and proximate result of the foregoing combination and conspiracy by, between and among all of the Defendants, who each aided and abetted the other Defendants in furtherance of the conspiracy, and committed the aforesaid overt acts in furtherance of the conspiracy with each false and fraudulent claim submitted to the federal government, the United States has suffered damages and therefore is entitled to recovery as provided by the FCA in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each violation.

**COUNT 5**

**Georgia Medicaid False Claims Act – OCGA §49-4-168.1(a)(1)**

281. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

282. Defendants knowingly presented, or caused to be presented, and upon information and belief continue to present or cause to be presented, false and fraudulent claims for payment or approval to the Georgia Medicaid program – i.e., the foregoing false and fraudulent claims for payments from Medicaid, in violation of OCGA §49-4-168.1(a)(1), for Defendant's nursing home facilities in the Georgia.

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283. Said false and fraudulent claims were presented with the said Defendants' actual knowledge of their falsity, or with reckless disregard or deliberate ignorance of whether or not they were false.

284. The Georgia Medicaid program relied on these false and fraudulent claims, was ignorant of the truth regarding these claims, and would not have paid Defendants for these false and fraudulent claims had it known the truth of the falsity of the said Medicaid claims by these Defendants.

285. As a direct and proximate result of the false and fraudulent claims made by Defendants, the State of Georgia has suffered damages and therefore is entitled to recovery as provided by the Georgia Medicaid False Claims Act in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each such violation of the Georgia Medicaid False Claims Act (OCGA §49-4-168.1).

**COUNT 6**

**Georgia Medicaid False Claims Act – OCGA §49-4-168.1(a)(2)**

286. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

287. The Defendants knowingly made, used or caused to be made or used, and upon information and belief continue to make, use and cause to be made or used, false records or false statements material to the foregoing false or fraudulent claims to get these false or fraudulent claims paid and approved by the Georgia Medicaid program, in violation of OCGA §49-4-168.1(a)(2).

288. These Defendants' knowingly false records or false statements were material, and upon information and belief continue to be material, to the false and fraudulent claims for



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payments they made and continue to make to the Georgia Medicaid program for reimbursements and benefits.

289. The Defendants' materially false records or false statements are set forth above and include, but are not limited to, the foregoing Medicaid enrollment applications and certifications, federal health care benefit program provider agreements and certifications, EDIs, patient charts, EMRs, EHRs, physicians orders, plans of care, physician referral orders, physician certifications, hospice election forms, daily therapy schedule time sheets, RAIs, MDSs, and express and implied certifications in the interim claims for payment (i.e., CMS Forms 1450 2540-96, UB-92, and/or UB-04 and comparable CMS electronic forms X12 837 for SNF services) and express and implied certifications and related claims for payment contained in the cost reports.

290. These said materially false records or false statements were made, used or caused to be made or used, and continue to be made, used and caused to be made and used, with these Defendants' actual knowledge of their falsity, or with reckless disregard or deliberate ignorance of whether or not they were false.

291. As a direct and proximate result of these materially false records or false statements, and the related false or fraudulent claims made by Defendants, the State of Georgia has suffered damages and therefore is entitled to recovery as provided by the Georgia Medicaid False Claim Act in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each such violation of the Georgia Medicaid False Claim Act.

**COUNT 7**  
**Georgia Medicaid False Claims Act – OCGA §49-4-168.1(a)(7)**

292. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

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293. Defendants knowingly made, used or caused to be made or used false records or false statements, and upon information and belief continues to knowingly make, use or caused to be made false records or false statements, material to an obligation to pay or transmit money or property to the State of Georgia, or knowingly concealed and upon information and belief continue to conceal an obligation to pay or transmit money or property to the State of Georgia, or knowingly and improperly avoided or decreased, and upon information and belief continue to knowingly and improperly avoid and decrease, an obligation to pay or transmit money or property to the State of Georgia, all to defraud the Georgia Medicaid program, in violation of OCGA §49-4-168.1(a)(7).

294. These said materially false records or statements were presented, and upon information and belief continue to be presented, with actual knowledge of their falsity, or with reckless disregard or deliberate ignorance of whether or not they were false.

295. As a direct and proximate result of these knowingly false records or false statements by the Defendants, the State of Georgia has suffered damages and therefore is entitled to recovery as provided by the Georgia Medicaid False Claim Act of an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each violation.

**COUNT 8**  
**Georgia Medicaid False Claims Act – OCGA §49-4-168.1(a)(3)**

296. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

297. In violation of OCGA §49-4-168.1(a)(3), all of the Defendants knowingly combined and conspired to violate sections of the Georgia Medicaid False Claim Act, including, but not limited to, OCGA §49-4-168.1(a)(1), OCGA §49-4-168.1(a)(2), and OCGA §49-4-168.1(a)(7), as set forth above.

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298. In a conspiracy and combination and in furtherance thereof, the Defendants knowingly presented, or caused to be presented, and continue to present or cause to be presented, false and fraudulent claims for payment or approval to the State of Georgia – i.e., the foregoing false and fraudulent claims for payments from the Georgia Medicaid program -- in violation of OCGA §49-4-168.1(a)(1), and, upon information and belief, continue to combine and conspire to violate the foregoing section of the Georgia Medicaid False Claim Act.

299. In a conspiracy and combination and in furtherance thereof, the Defendants knowingly made, used or caused to be made or used, and upon information and belief continue to make, use and cause to be made or used, false records or false statements material to the foregoing false or fraudulent claims to get these false or fraudulent claims paid and approved by the State of Georgia and the Georgia Medicaid program, in violation of OCGA §49-4-168.1(a)(2).

300. In a conspiracy and combination and in furtherance thereof, the Defendants knowingly made, used or caused to be made or used false records or false statements, and upon information and belief continue to knowingly make, use or cause to be made false records or false statements, material to an obligation to pay or transmit money or property to the State of Georgia, or knowingly concealed and upon information and belief continue to conceal an obligation to pay or transmit money or property to the State of Georgia, or knowingly and improperly avoided or decreased, and upon information and belief continue to knowingly and improperly avoid and decrease, an obligation to pay or transmit money or property to the State of Georgia, all to defraud the Georgia Medicaid program, in violation of OCGA §49-4-168.1(a)(7).

301. During the conspiracy and combination and in furtherance thereof, the conspirators acted knowingly to have the foregoing false and fraudulent claims, statements, and



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records to be made, used and/or presented, or acted with reckless disregard or deliberate ignorance of whether or not the claims, statements and/or records were false and fraudulent, and, upon information and belief, continue to do so.

302. As a direct and proximate result of the foregoing combination and conspiracy by, between and among all of the Defendants, who each aided and abetted the other Defendants in furtherance of the conspiracy, and committed overt acts in furtherance of the conspiracy with each false and fraudulent claim submitted to the State of Georgia and/or the Georgia Medicaid program, the State of Georgia has suffered damages and therefore is entitled to recovery as provided by the Georgia Medicaid False Claim Act in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each violation.

**COUNT 9**

**North Carolina False Claims Act – N.C. Gen. Stat., Article 51, Section 1-607(a)(1)**

303. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

304. Defendants knowingly presented, or caused to be presented, and upon information and belief continue to present or cause to be presented, false and fraudulent claims for payment or approval to the State of North Carolina – i.e., the foregoing false and fraudulent claims for payments from North Carolina Medicaid program, in violation of North Carolina False Claims Act, N.C Gen. Stat., Article 51, Section 1-607(a)(1), for Defendant Nursing Homes/SNF facilities in the North Carolina.

305. Said false and fraudulent claims were presented with the said Defendants' actual knowledge of their falsity, or with reckless disregard or deliberate ignorance of whether or not they were false.

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306. The North Carolina Medicaid program relied on these false and fraudulent claims, was ignorant of the truth regarding these claims, and would not have paid Defendants for these false and fraudulent claims had it known the truth of the falsity of the said Medicaid claims by these Defendants.

307. As a direct and proximate result of the false and fraudulent claims made by Defendants, the State of North Carolina has suffered damages and therefore is entitled to recovery as provided by the North Carolina False Claims Act, N.C. Gen. Stat., Article 51, Section 1-607(a), in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each such violation.

**COUNT 10**

**North Carolina False Claims Act – N.C. Gen. Stat., Article 51, Section 1-607(a)(2)**

308. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

309. The Defendants knowingly made, used or caused to be made or used, and upon information and belief continue to make, use and cause to be made or used, false records or false statements material to the foregoing false or fraudulent claims to get these false or fraudulent claims paid and approved by the North Carolina Medicaid program, in violation of N.C. Gen. Stat., Article 51, Section 1-607(a)(2).

310. These Defendants' knowingly false records or false statements were material, and upon information and belief continue to be material, to the false and fraudulent claims for payments they made and continue to make to the North Carolina Medicaid program for reimbursements and benefits.

311. The Defendants' materially false records or false statements are set forth above and include, but are not limited to, the foregoing Medicaid enrollment applications and

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certifications, federal health care benefit program provider agreements and certifications, EDIs, patient charts, EMRs, EHRs, physicians orders, plans of care, physician referral orders, physician certifications, hospice election forms, daily therapy schedule time sheets, RAIs, MDSs, and express and implied certifications in the interim claims for payment (i.e., CMS Forms 1450 2540-96, UB-92, and/or UB-04 and comparable CMS electronic forms X12 837 for SNF services) and claims contained in the cost reports.

312. These said materially false records or false statements were made, used or caused to be made or used, and continue to be made, used and caused to be made and used, with these Defendants' actual knowledge of their falsity, or with reckless disregard or deliberate ignorance of whether or not they were false.

313. As a direct and proximate result of these materially false records or false statements, and the related false or fraudulent claims made by Defendants, the State of North Carolina has suffered damages and therefore is entitled to recovery as provided by the North Carolina False Claims Act, N.C. Gen. Stat., Article 51, Section 1-607(a), in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each such violation.

**COUNT 11**

**North Carolina False Claims Act – N.C. Gen. Stat., Article 51, Section 1-607(a)(7)**

314. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

315. Defendants knowingly made, used or caused to be made or used false records or false statements, and upon information and belief continues to knowingly make, use or caused to be made false records or false statements, material to an obligation to pay or transmit money or property to the State of North Carolina, or knowingly concealed and upon information and belief continue to conceal an obligation to pay or transmit money or property to the State Of North



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Carolina, or knowingly and improperly avoided or decreased, and upon information and belief continue to knowingly and improperly avoid and decrease, an obligation to pay or transmit money or property to the State of North Carolina, all to defraud the North Carolina Medicaid program, in violation of N.C. Gen. Stat., Article 51, Section 1-607(a)(7).

316. These said materially false records or statements were presented, and upon information and belief continue to be presented, with actual knowledge of their falsity, or with reckless disregard or deliberate ignorance of whether or not they were false.

317. As a direct and proximate result of these knowingly false records or false statements by the Defendants, the State of North Carolina has suffered damages and therefore is entitled to recovery as provided by the North Carolina False Claims Act, N.C. Gen. Stat., Article 51, Section 1-607(a), of an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each violation.

**COUNT 12**

**North Carolina False Claims Act – N.C. Gen. Stat., Article 51, Section 1-607(a)(3)**

318. Relator/Plaintiff incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

319. In violation of N.C. Gen. Stat., Article 51, Section 1-607(a)(3), all of the Defendants knowingly combined and conspired to violate sections of the North Carolina False Claims Act, including, but not limited to, N.C. Gen. Stat., Article 51, Sections 1-607(a)(1), 1-607(a)(2), and 1-607(a)(7), as set forth above.

320. In a conspiracy and combination and in furtherance thereof, the Defendants knowingly presented, or caused to be presented, and continue to present or cause to be presented, false and fraudulent claims for payment or approval to the United States – i.e., the foregoing false and fraudulent claims for payments from the North Carolina Medicaid program -- in

violation of N.C. Gen. Stat., Article 51, Section 1-607(a)(1), and, upon information and belief, continue to combine and conspire to violate the foregoing section of the North Carolina False Claims Act.

321. In a conspiracy and combination and in furtherance thereof, the Defendants knowingly made, used or caused to be made or used, and upon information and belief continue to make, use and cause to be made or used, false records or false statements material to the foregoing false or fraudulent claims to get these false or fraudulent claims paid and approved by the North Carolina Medicaid program, in violation of N.C. Gen. Stat., Article 51, Section 1-607(a)(2).

322. In a conspiracy and combination and in furtherance thereof, the Defendants knowingly made, used or caused to be made or used false records or false statements, and upon information and belief continue to knowingly make, use or cause to be made false records or false statements, material to an obligation to pay or transmit money or property to the State of North Carolina, or knowingly concealed and upon information and belief continue to conceal an obligation to pay or transmit money or property to the State of North Carolina, or knowingly and improperly avoided or decreased, and upon information and belief continue to knowingly and improperly avoid and decrease, an obligation to pay or transmit money or property to the State of North Carolina, all to defraud the North Carolina Medicaid program, in violation of N.C. Gen. Stat., Article 51, Section 1-607(a)(7).

323. During the conspiracy and combination and in furtherance thereof, the conspirators acted knowingly to have the foregoing false and fraudulent claims, statements, and records to be made, used and/or presented, or acted with reckless disregard or deliberate

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ignorance of whether or not the claims, statements and/or records were false and fraudulent, and, upon information and belief, continue to do so.

324. As a direct and proximate result of the foregoing combination and conspiracy by, between and among all of the Defendants, who each aided and abetted the other Defendants in furtherance of the conspiracy, and committed the aforesaid overt acts in furtherance of the conspiracy with each false and fraudulent claim submitted to the North Carolina Medicaid program, the State of North Carolina has suffered damages and therefore is entitled to recovery as provided by the North Carolina False Claims Act, N.C. Gen. Stat., Article 51, Section 1-607(a), in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each violation.

**PRAYER FOR RELIEF**

325. WHEREFORE, Plaintiff/Relator respectfully requests this Court to enter judgment against Defendants, jointly and severally, and demands relief as follows:

- (a) That the United States be awarded damages in the amount of three times the damages sustained by the United States because of the false claims and frauds alleged within this Complaint, as provided under the False Claims Act, 31 U.S.C. § 3729, *et seq.*;
- (b) That maximum civil penalties be imposed for each and every false claim that Defendants presented or caused to be presented to the United States and/or its agencies;
- (c) That the State of Georgia be awarded damages in the amount of three times the damages sustained by the State of Georgia because of the false claims and frauds alleged within this Complaint, plus a civil penalty of \$5,500 to \$11,000 for each violation, as provided under the Georgia Medicaid False Claim Act (OCGA §49-4-168.1);

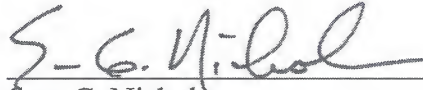


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- (d) That the State of North Carolina be awarded damages in the amount of three times the damages sustained by the State of North Carolina because of the false claims and frauds alleged within this Complaint, plus a civil penalty of \$5,500 to \$11,000 for each violation, as provided under the North Carolina False Claims Act – N.C. Gen. Stat. 1-605, *et seq.*;
- (f) That pre-judgment and post-judgment interest be awarded, along with reasonable attorneys' fees, costs, and expenses which the Relator necessarily incurred in bringing and pressing this case;
- (g) That the Court grant permanent injunctive relief to prevent any recurrence of the violations of the False Claims Act for which redress is sought in this Complaint;
- (h) That the Relator be awarded the maximum amount of the recovery allowed pursuant to the False Claims Act, the Georgia Medicaid False Claim Act, and the North Carolina False Claims Act, and
- (i) That this Court award such other and further relief as it deems just, fair and proper under the circumstances.
- (j) A trial by jury on all issues so triable is herein demanded.

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Respectfully submitted,



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(706) 722-8784 (tel)  
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www.nicholsonrevell.com

Travers W. Paine III  
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560 Ninth Street  
Augusta, Georgia 30901  
(706) 922-3548 (tel)  
(706) 922-3549 (fax)  
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www.paineirm.com

Joseph P. Griffith, Jr., Esquire (*Pro Hac Vice* forthcoming)  
(Fed.I.D. # 2473 – S.C.D.)  
Seven State Street  
Charleston, South Carolina 29401  
(843) 225-5563 (tel)  
(843) 722-6254 (fax)  
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www.joegriffith.com

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Charleston, South Carolina 29401  
(843) 722-2000 (tel)  
(843) 722-6254 (fax)  
bart@bartdaniel.com  
www.bartdaniel.com

Attorneys for the Plaintiff/Relator

Augusta, Georgia  
March 19, 2015

**EXHIBITS:**

- Ex. 1 - 1/24/2014 UHS-Pruitt Press Release
- Ex. 2 - www.pruitthealth.com web page
- Ex. 3 - Pruitthealth Facebook page
- Ex. 4 - UHS-Pruitt website pages - <http://pruitthealth.net> and <http://uhs-pruitt.com>
- Ex. 5 - Pruitthealth LinkedIn web page
- Ex. 6 - Pruitthealth "Family of Providers" List of Nursing Homes
- Ex. 7 - Pruitthealth - Bethany, LLC Cost Report Excerpt, period 11/1/2010 to 6/30/2011
- Ex. 8 - Pruitthealth - Augusta, LLC Cost Report Excerpt, period 7/1/2009 to 6/30/2010
- Ex. 9 - Pruitthealth Contracting Manual
- Ex. 10 - Pruitthealth Aug-Sept 2009 Contractor Vender List Spreadsheet
- Ex. 11 - 8/13/2009 Email and 2 attachments re contracting and purchasing
- Ex. 12 - Blair House Cost Report, period ending 6/30/2008
- Ex. 13 - Blair House Cost Report, period ending 6/30/2010
- Ex. 14 - Bethany Home Cost Report, period ending 6/30/2009
- Ex. 15 - Bethany Home Cost Report, period ending 6/30/2011
- Ex. 16 - 11/16/2009 Email and 2 attachments re goals
- Ex. 17 - 11/19/2009 Email and 1 attachment re LOS questions



IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF GEORGIA  
AUGUSTA DIVISION

UNITED STATES OF AMERICA,  
THE STATE OF GEORGIA, and  
THE STATE OF NORTH CAROLINA  
*ex rel.* TERESA VALLENTINE,  
Plaintiffs,

v.

NEIL L. PRUITT, JR., *et al.*,  
Defendants.

Civil Action No.: \_\_\_\_\_

VERIFICATION

I, Teresa Vallentine, being first duly sworn, depose and say:

I have read the foregoing and attached Complaint and know its contents; that the same is true of my own personal knowledge except those matters and things therein alleged upon information and belief, and as to those I am informed and verily believe them to be true.

*Teresa Vallentine*

Teresa Vallentine

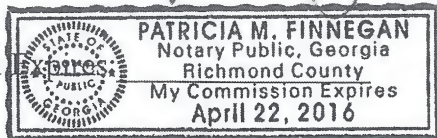
Subscribed and sworn to before me

This 9<sup>th</sup> day of March, 2015.

*Patricia M. Finnegan*

Notary Public

My Commission Expires



IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF GEORGIA  
AUGUSTA DIVISION

UNITED STATES OF AMERICA,  
THE STATE OF GEORGIA, and  
THE STATE OF NORTH CAROLINA  
*ex rel.* TERESA VALLENTINE,  
Plaintiffs,

v.

NEIL L. PRUITT, JR., *et al.*,  
Defendants.

Civil Action No.: \_\_\_\_\_

Exhibits  
1-17

EXHIBIT

/HEALTHCARE  
TRANSPARENCY)



Norcross, Georgia, January 24, 2014 – UHS-Pruitt Corporation announced today that, after 45 successful years, the organization has changed its name to PruittHealth, and modified its branding to achieve a more unified image for its vast array of health care services. The new name and branding were premiered at the Georgia Health Care Association's Winter Convention at the Cobb Galleria, attended by more than 400 health care professionals from Georgia, South Carolina, Alabama, and Florida. PruittHealth also unveiled its new high-tech trade show booth, in which conference attendees were able to view videos and navigate interactive displays to understand the organization's unique model of care and spectrum of health care services.

"We recognized that, as we have grown over the years and added more and more services, it became increasingly difficult to communicate to our customers that we offer an integrated model of health care and support services," said Neil L. Pruitt, Jr., Chairman & C.E.O. of PruittHealth. "With this rebranding, we hope to eliminate confusion and strengthen our synergy. By streamlining the names of our service lines and offering a clearer picture of what we do, we are strengthening our identity. We've always stood for quality, and we always will...PruittHealth will help us to amplify that, and clearly articulate our comprehensive model of care to our customers and referral sources."

PruittHealth also launched the first phase of [www.pruithhealth.com](http://www.pruithhealth.com) (<http://www.pruithhealth.com/>), their new modernized, user friendly website; with additional interactive features to be added in the coming weeks. By spring 2014, PruittHealth will change the names of its health care providers and initiate a full rebranding campaign in communities throughout the Southeast.



SEARCH  
PROGRAM



Prophet's birth records were in Georgia, North Carolina and Florida. It's interesting that Prophet's first name or last name you choose, you can be assured that you're looking at a colored man who is the Prophet's family of mine. Download a PDF of all the location information by clicking the Download button. To the right, click back links for a full location summary.

SEE OUR LOCATIONS

DOWNLOAD OUR QUALITY REPORT

(/Documents/PruittHealth%20-%20Quality%20Report%  
202013.pdf)



## CARE MANAGEMENT

[illegible]

AF4814204

## RECENT NEWS



UHS-Fruits Corporation New  
Officially Fruitful (June 7  
2001/2002)



UHS-Praxis Center Resolves 2012  
Fellowship in Action Awards (Journ-  
nal 1/16/12)  
03/04/2011

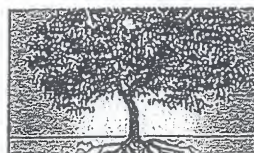


United States Post-Office City-State  
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Administrator of the Year by the  
FHCA (United States)

## The PruittHealth Model Of Care

Profectus has assembled a continuum of services over the last 45 years that has put us in a position to be a partner in improving the care of our patients. Our Model Of Care is designed to significantly reduce rehospitalizations and improve the overall outcomes for our patients.

PLAY VIDEO



Родительский Гу Вэйфан 1-й

Questions? ALCAHOLISM  
FEMINISMS

04/05/2014

**PATIENTS & FAMILIES**

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HEALTHCARE  
PROFESSIONALS[illegible]

## OUR COMPANY

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for your safety & peace of mind

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Committed to Caring

For over 40 years, PruittHealth has been a trusted source of compassionate, professional care.

- Skilled Nursing and Rehabilitation Care
- Hospice / End of Life Care
- Home Health Care
- Medical Supply Services
- Pharmacy Services
- Veterin Services
- Short and Long-Term Rehabilitation
- Core Management
- Community Services and Adult Day Care
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**Thessie Mitchell/Just One More Dance**

**National Nursing Home Week**

**EXHIBIT 3**

We would like to thank all of our committed to caring partners who went above and beyond this week to ensure quality care delivery continued for our patients. From volunteering to stay overnight at our health care centers to those who drove... See More



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- UNITED HOME CARE
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## One Company...A World of Health Care Solutions

**UHS-Pruitt Core Values:** Quality of Expertise, Quality of Care, Quality of Service and Quality of Life.

At UHS-Pruitt Corporation, we believe in the future of health care innovations, but we haven't forgotten our main street roots. That's why our focus is set squarely on providing peace of mind to our patients, residents, and clients as well as their families.

Our number one priority is quality care. As a family-owned health care organization founded in 1969, our story is one of family and community. Just like the oak tree we have strong roots and a solid foundation that allow us to deliver quality care to meet the changing needs of our patients.

Our health care centers offer a wide range of care options, including short-term rehabilitation to get you well and back home again, or more traditional care in a skilled nursing home setting.

But we are more than our award winning skilled nursing centers. We also offer home health, hospice, rehabilitation, pharmaceutical and medical supply, care management, and other health care related services. Our integrated care model is governed by a stringent commitment to quality: quality of expertise, quality of care, quality of service and, most of all, quality of life.

UHS-Pruitt is proud to be a family-owned community of services, and our customers rest easy knowing their loved one is a valued member of our family.

## U•R•Ready

for health care when and where you need it.

EXHIBIT

4

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*A Caring STORY*

#### UHS-PRUITT NEWS

**PruittHealth Advances Disease Management Strategy**  
Hudson, Ohio - January 8, 2014 - COMS Interactive (Clinical Outcomes Management System or COMS) announced today that PruittHealth, a national leader in long-term care, has chosen the Daylight IQ™ Product Suite as a key component for advancing PruittHealth's disease management program. Daylight IQ™ is being deployed at PruittHealth's ninety-three facilities located throughout Georgia, North and South Carolina and Florida.  
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#### HEALTH CARE NEWS

##### Nursing Homes' Drug Use Falls

A two-year effort by the federal government and the nursing-home industry has reduced the use of powerful antipsychotic drugs among elderly nursing-home residents, but the decline fell short of the program's goal, according to U.S. officials.

The percentage of patients receiving antipsychotics fell to 21.7% in the first quarter



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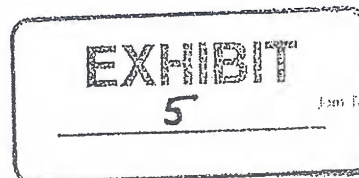
of 2013 from an average of  
23.9% in the last quarter of  
2011—a 9% decrease.  
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2013  
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## PruittHealth



At PruittHealth (formerly known as UHS-Pruitt Corporation), we believe in the future of health care innovations, but we haven't forgotten our main street roots. That's why our focus is set squarely on providing peace of mind to our patients, residents, and clients as well as their families. We are a leading provider of health care throughout the Southeastern United States and have nearly half a century of experience. Through our knowledgeable and dedicated management team, our family of providers offer a complete spectrum of holistic care services using state-of-the-art equipment and a team of dedicated caregivers and professionals.

PruittHealth has developed a culture that is "Committed to Caring". Those we serve are our number one priority and focus as we deliver high quality care services to over twenty-thousand patients daily.

### Specialties

Healthcare Management Services, Skilled Nursing Care, Home Health Services, Rehabilitation Services, Hospice Care, Pharmaceutical Supply, Independent Living, Assisted Living, Medical Supply, Clinical Services, Veterans Services, UniHealth Care Management Services

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Type  
Privately Held

Company Size  
5001-10,000 employees

Website  
<http://www.pruithhealth.com>

Industry  
Hospital & Health Care

Founded  
1969

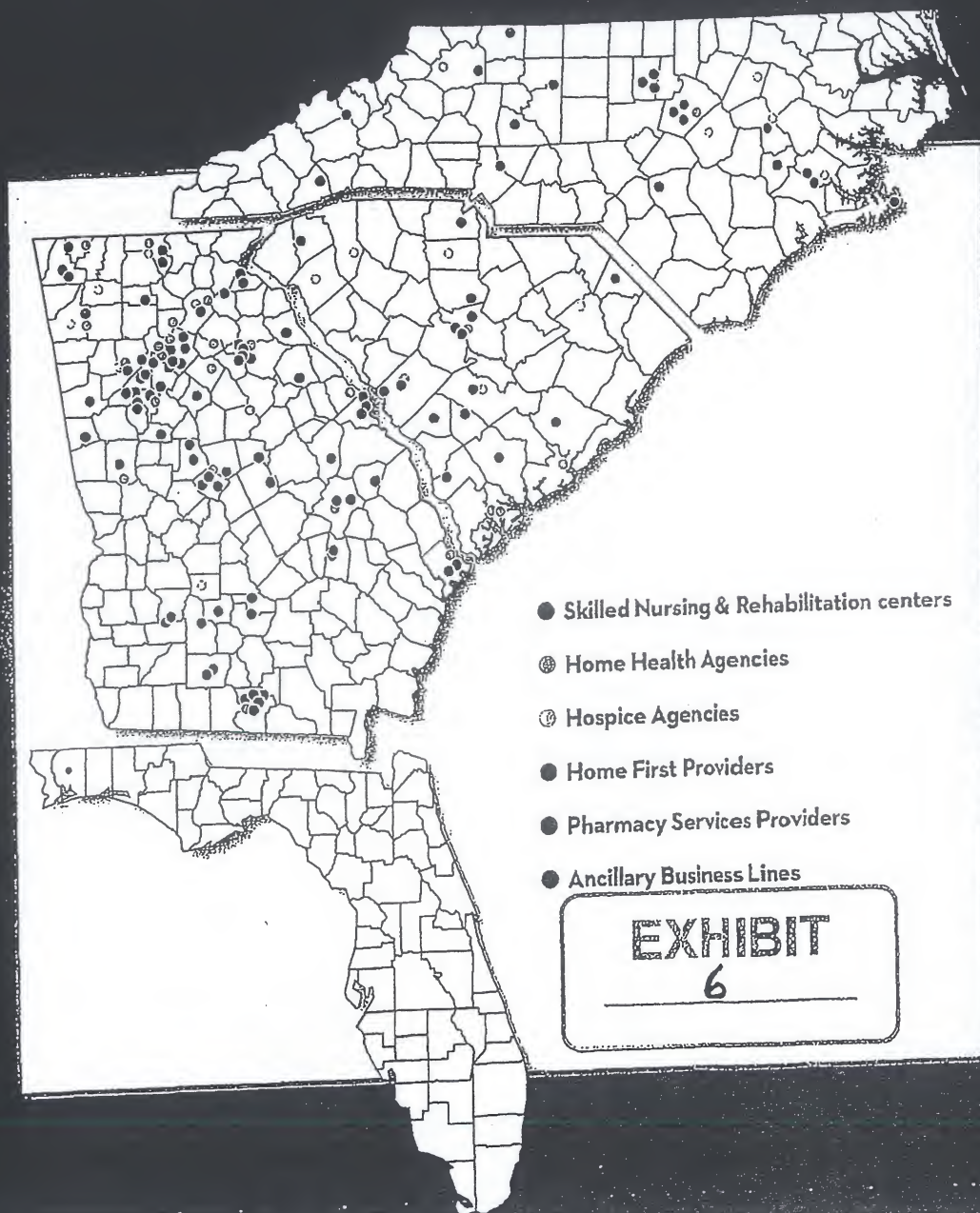
contact us

1 2 3 4 5 6 7 8 9 10 11 12 a b c d e f g h i j k l m n o p q r s t u v w x y z more PruittHealth companies

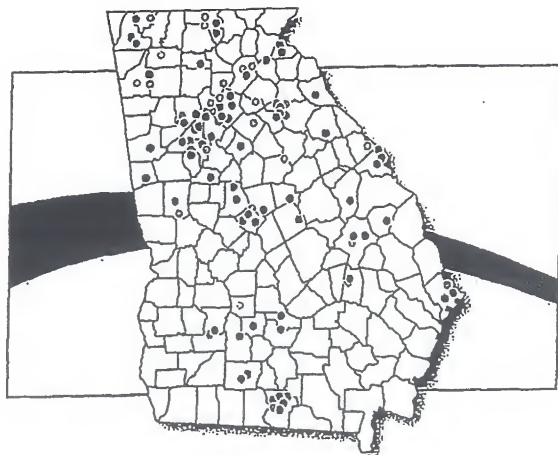
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# FAMILY OF PROVIDERS







## GEORGIA

### ALBANY

- Skilled Nursing & Rehabilitation Center  
**Palmyra Nursing Home**  
1904 Palmyra Road, Albany, GA 31702  
Phone: (229) 883-0500 • Fax: (229) 438-7203
- Care Management Provider  
**UniHealth SOURCE of Albany**  
Phone: (229) 878-0128 • Fax: (229) 878-0193

### ASHBURN

- Skilled Nursing & Rehabilitation Center  
**Heritage Healthcare of Ashburn**  
441 Industrial Blvd, Ashburn, GA 31714  
Phone: (229) 567-3473 • Fax: (229) 567-9323

### ATHENS

- Skilled Nursing & Rehabilitation Center  
**Heritage Healthcare at Grandview**  
165 Winston Drive, Athens, GA 30607  
Phone: (706) 549-6013 • Fax: (706) 354-4172
- Skilled Nursing & Rehabilitation Center  
**The Oaks of Athens**  
490 Kathwood Drive, Athens, GA 30607  
Phone: (706) 549-8020 • Fax: (706) 543-5217
- Skilled Nursing & Rehabilitation Center  
**UniHealth Post-Acute Care - Athens Heritage**  
960 Hawthorne Avenue, Athens, GA 30606  
Phone: (706) 549-1613 • Fax: (706) 549-1639
- Hospice Agency  
**United Hospice of Athens**  
Phone: (706) 552-1699 • Fax: (706) 552-1455
- Care Management Provider  
**UniHealth SOURCE of Athens**  
Phone: (706) 549-3315 • Fax: (706) 552-1455

### ATLANTA

- Skilled Nursing & Rehabilitation Center  
**Heritage Healthcare of West Atlanta**  
2645 Whiting Street, N.W., Atlanta, GA 30318  
Phone: (404) 799-9267 • Fax: (404) 799-8487
- Skilled Nursing & Rehabilitation Center  
**Sadie G. Mays Health & Rehab Center**  
1821 Anderson Avenue, Atlanta, GA 30314  
Phone: (404) 794-2477 • Fax: (404) 799-9876
- Skilled Nursing & Rehabilitation Center  
**UniHealth Post-Acute Care - Brookhaven**  
3535 Ashton Woods Drive, Atlanta, GA 30319  
Phone: (770) 451-0236 • Fax: (770) 451-0154
- Home Health Agency  
**United Home Care of Atlanta**  
Phone: (404) 297-9924 • Fax: (404) 296-6257
- Hospice Agency  
**United Hospice of Atlanta**  
Phone: (404) 292-2081 • Fax: (404) 297-4647
- Care Management Provider  
**UniHealth SOURCE of Atlanta**  
Phone: (770) 925-1143 • Fax: (678) 533-6488

### AUGUSTA

- Skilled Nursing & Rehabilitation Center  
**UniHealth Post-Acute Care - Augusta**  
2541 Milledgeville Road, Augusta, GA 30904  
Phone: (706) 738-2581 • Fax: (706) 738-5235
- Skilled Nursing & Rehabilitation Center  
**UniHealth Post-Acute Care - Augusta Hills**  
2122 Cumming Road, Augusta, GA 30904  
Phone: (706) 737-8258 • Fax: (706) 733-6230
- Hospice Agency  
**United Hospice of Augusta**  
Phone: (706) 650-1522 • Fax: (706) 650-1786
- Care Management Provider  
**UniHealth SOURCE of Augusta**  
Phone: (706) 651-1535 • Fax: (706) 863-9401

### AUSTELL

- Skilled Nursing & Rehabilitation Center  
**UniHealth Post-Acute Care - Austell**  
1700 Mulkey Road, Austell, GA 30106  
Phone: (770) 941-5750 • Fax: (770) 941-2719
- Home Health Agency  
**United Home Care of Cobb**  
Phone: (770) 916-4501 • Fax: (770) 916-4504
- Hospice Agency  
**United Hospice of Cobb**  
Phone: (770) 916-4503 • Fax: (770) 916-4506

- Care Management Provider  
**UniHealth SOURCE of Cobb**  
Phone: (770) 916-4502 • Fax: (770) 916-4505

---

## BALDWIN

- Skilled Nursing & Rehabilitation Center  
**The Oaks at Scenic View**  
205 Peach Orchard Road, Baldwin, GA 30511  
Phone: (706) 778-8377 • Fax: (706) 776-1807
- Assisted Living Community  
**The Oaks at Scenic View Assisted Living**  
209 Peach Orchard Rd, Baldwin, GA 30511  
Phone: (706) 778-6746 • Fax: (706) 778-9737

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## BLUE RIDGE

- Skilled Nursing & Rehabilitation Center  
**Heritage Healthcare of Blue Ridge**  
99 Ouida Street, Blue Ridge, GA 30513  
Phone: (706) 632-2271 • Fax: (706) 632-7633
- Home Health Agency  
**United Home Care of Blue Ridge**  
Phone: (706) 632-6898 • Fax: (706) 632-9808
- Hospice Agency  
**United Hospice of Blue Ridge**  
Phone: (706) 632-0027 • Fax: (706) 632-5673
- Care Management Provider  
**UniHealth SOURCE of Blue Ridge**  
Phone: (706) 632-9263 • Fax: (706) 632-0028
- Adult Day Care Center  
**United Community Services of Blue Ridge**  
74 Ouida Street, Blue Ridge, GA 30513  
Phone: (706) 258-2819 • Fax: (706) 632-0103

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## BUFORD

- Skilled Nursing & Rehabilitation Center  
**UniHealth Post-Acute Care - Lanier**  
2451 Peachtree Industrial Blvd, Buford, GA 30518  
Phone: (770) 614-2800 • Fax: (770) 932-5754

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## CARROLLTON

- Skilled Nursing & Rehabilitation Center  
**The Oaks of Carrollton**  
921 Old Newnan Road, Carrollton, GA 30116  
Phone: (770) 834-2242 • Fax: (770) 834-2074
- Assisted Living Community  
**The Oaks of Carrollton Assisted Living**  
921 Old Newnan Road, Carrollton, GA 30116  
Phone: (770) 834-2242 • Fax: (770) 830-0260

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## CALHOUN

- Hospice Agency  
**United Hospice of Calhoun**  
Phone: (706) 602-9546 • Fax: (706) 602-0765

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## CORDELE

- Hospice Agency  
**United Hospice of Cordele**  
Phone: (229) 271-0300 • Fax: (229) 271-0371

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## COVINGTON

- Skilled Nursing & Rehabilitation Center  
**PruittHealth - Covington**  
4148 Carroll Street, SW, Covington, GA 30014  
Phone: (770) 786-0427 • Fax: (770) 385-9021

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## CUMMING

- Home Health Agency  
**United Home Care of Cumming**  
Phone: (770) 887-0854 • Fax: (770) 887-4753

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## DECATUR

- Skilled Nursing & Rehabilitation Center  
**UniHealth Post-Acute Care - Decatur**  
3200 Panthersville Road, Decatur, GA 30034  
Phone: (404) 212-3400 • Fax: (404) 212-3410

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## DULUTH

- Inpatient Hospice Care Provider  
**Peachtree Christian Hospice**  
Phone: (770) 232-7727 • Fax: (770) 232-7391

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## ELBERTON

- Skilled Nursing & Rehabilitation Center  
**Heritage Healthcare at Spring Valley**  
651 Rhodes Drive, Elberton, GA 30635  
Phone: (706) 283-3880 • Fax: (706) 213-6012

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## FAIRBURN

- Skilled Nursing & Rehabilitation Center  
**UniHealth Post-Acute Care - Fairburn**  
7560 Butner Road, Fairburn, GA 30213  
Phone: (770) 306-7878 • Fax: (770) 306-7779

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## FITZGERALD

- Skilled Nursing & Rehabilitation Center  
**Heritage Healthcare of Fitzgerald**  
185 Bowens Mill Highway, Fitzgerald, GA 31750  
Phone: (229) 423-4361 • Fax: (229) 423-4362



## FORSYTH

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- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Forsyth**

521 Cabiness Road, Forsyth, GA 31029  
Phone: (478) 994-5671 • Fax: (478) 994-1524

- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Monroe**

4796 Highway 42 North, Forsyth, GA 31029  
Phone: (478) 994-5662 • Fax: (478) 994-8836

## FORT OGLETHORPE

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- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Fort Oglethorpe**

1067 Battlefield Pkwy, Fort Oglethorpe, GA 30742  
Phone: (706) 861-5154 • Fax: (706) 866-3230

- Home Health Agency

### **United Home Care of Fort Oglethorpe**

Phone: (706) 861-8182 • Fax: (706) 861-8186

## FRANKLIN

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- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Franklin**

360 South River Road, Franklin, GA 30217  
Phone: (706) 675-6674 • Fax: (706) 675-6914

## GAINESVILLE

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- Skilled Nursing & Rehabilitation Center

### **The Oaks at Limestone**

2560 Flintridge Road, Gainesville, GA 30501  
Phone: (770) 536-3391 • Fax: (770) 536-4862

- Home Health Agency

### **United Home Care of Gainesville**

Phone: (770) 533-7410 • Fax: (770) 533-9713

- Hospice Agency

### **United Hospice of Gainesville**

Phone: (770) 297-1970 • Fax: (770) 297-1370

## GREENSBORO

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- Home Health Agency

### **United Home Care of Greensboro**

Phone: (706) 454-1770 • Fax: (706) 454-1774

## GREENVILLE

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- Skilled Nursing & Rehabilitation Center

### **UniHealth Post-Acute Care - Greenville**

99 Hill Haven Road, Greenville, GA 30222  
Phone: (706) 672-4241 • Fax: (706) 672-9522

## GRIFFIN

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- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Griffin**

619 Northside Drive, Griffin, GA 30223  
Phone: (770) 228-4517 • Fax: (770) 412-9145

- Home Health Agency

### **United Home Care of Griffin**

Phone: (770) 228-0525 • Fax: (770) 228-0894

## JASPER

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- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Jasper**

1350 East Church St., Jasper, GA 30143  
Phone: (706) 253-2441 • Fax: (706) 253-2453

## LAFAYETTE

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- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of LaFayette**

205 Roadrunner Boulevard, LaFayette, GA 30728  
Phone: (706) 638-4662 • Fax: (706) 638-9461

- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare at Shepherd Hills**

800 Patterson Road, LaFayette, GA 30728  
Phone: (706) 638-4112 • Fax: (706) 638-4151

## LILBURN

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- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Lilburn**

788 Indian Trail Road, Lilburn, GA 30047  
Phone: (770) 923-2020 • Fax: (770) 923-8495

## LOUISVILLE

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- Skilled Nursing & Rehabilitation Center

### **UniHealth Post-Acute Care - Old Capitol**

310 Highway 1 Bypass, Louisville, GA 30434  
Phone: (478) 625-3741 • Fax: (478) 625-9473

## MACON

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- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Macon**

2255 Anthony Road, Macon, GA 31204  
Phone: (478) 784-7900 • Fax: (478) 784-1849

- Skilled Nursing & Rehabilitation Center

### **The Oaks at Peake**

6190 Peake Road, Macon, GA 31220  
Phone: (478) 471-7474 • Fax: (478) 471-6422

- Assisted Living Community

### **The Oaks at Peake Assisted Living**

400 Foster Road, Macon, GA 31210  
Phone: (478) 474-0025 • Fax: (478) 474-0392



• Hospice Agency

**United Hospice of Macon**

Phone: (478) 745-9204 • Fax: (478) 745-9321

• Care Management Provider

**UniHealth SOURCE of Macon**

Phone: (478) 474-0979 • Fax: (478) 474-2068

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**MARIETTA**

• Skilled Nursing & Rehabilitation Center

**UniHealth Post-Acute Care - Marietta**

50 Saine Drive, SW, Marietta, GA 30008

Phone: (770) 429-8600 • Fax: (770) 429-8677

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**MILLEDGEVILLE**

• Skilled Nursing & Rehabilitation Center

**Georgia War Veterans Home**

2249 Vinson Highway, Milledgeville, GA 31061

Phone: (478) 445-3234 • Fax: (478) 445-1701

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**MILLEN**

• Skilled Nursing & Rehabilitation Center

**Bethany Nursing Center of Millen**

466 South Gray Street, Millen, GA 30442

Phone: (478) 982-2531 • Fax: (478) 982-3131

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**MONROE**

• Home Health Agency

**United Home Care of Monroe**

Phone: (770) 267-5237 • Fax: (770) 267-2014

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**MOULTRIE**

• Skilled Nursing & Rehabilitation Center

**Heritage Healthcare at Sunrise**

2709 South Main Street, Moultrie, GA 31768

Phone: (229) 985-1713 • Fax: (229) 890-1677

• Skilled Nursing & Rehabilitation Center

**UniHealth Magnolia Manor South**

3003 Veterans Parkway South, Moultrie, GA 31788

Phone: (229) 985-3422 • Fax: (229) 985-0227

• Skilled Nursing & Rehabilitation Centers

**UniHealth Post-Acute Care - Moultrie**

233 Sunset Circle, Moultrie, GA 31788

Phone: (229) 985-4320 • Fax: (229) 890-0880

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**NORCROSS**

• Clinical Consulting Services Provider

**United Clinical Services**

1626 Jeurgens Court, Norcross, GA 30093

Phone: (770) 925-4788 • Fax: (770) 533-6330

• Medical Supply Provider

**United Medical**

1605 Indian Brook Way, Ste 400, Norcross, GA 30093

Phone: (770) 381-3550 • Fax: (770) 564-4161

• Pharmacy Services Provider

**United Pharmacy Services of Atlanta**

1626 Jeurgens Court, Ste A, Norcross, GA 30093

Phone: (678) 533-6459 • Fax: (770) 931-5253

• Rehabilitation Services Provider

**United Rehab**

1626 Jeurgens Court, Norcross, GA 30093

Phone: (678) 533-6724 • Fax: (678) 533-6659

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**OCILLA**

• Skilled Nursing & Rehabilitation Center

**Heritage Healthcare at Osceola**

209 West Hudson Street, Ocilla, GA 31774

Phone: (229) 468-9431 • Fax: (229) 468-9101

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**ROME**

• Skilled Nursing & Rehabilitation Center

**PruittHealth - Rome**

2 Three Mile Road, Rome, GA 30165

Phone: (706) 236-6002 • Fax: (706) 236-6003

• Home Health Agency

**United Home Care of Rome**

Phone: (706) 232-5908 • Fax: (706) 232-5947

• Hospice Agency

**United Hospice of Rome**

Phone: (706) 236-4704 • Fax: (706) 378-8258

• Care Management Provider

**UniHealth SOURCE of Rome**

Phone: (706) 236-4705 • Fax: (706) 232-5912

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**SAVANNAH**

• Skilled Nursing & Rehabilitation Center

**UniHealth Post-Acute Care - Savannah**

12825 White Bluff Road, Savannah, GA 31419

Phone: (912) 927-9416 • Fax: (912) 927-9956

• Hospice Agency

**United Hospice of Savannah**

Phone: (912) 925-9183 • Fax: (912) 925-9340

• Care Management Provider

**UniHealth SOURCE of Savannah**

Phone: (912) 925-9181 • Fax: (912) 925-9340

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**STOCKBRIDGE**

• Skilled Nursing & Rehabilitation Center

**Laurel Park**

1050 Hospital Drive, Stockbridge, GA 30281

Phone: (770) 507-3840 • Fax: (770) 507-3841

## SWAINSBORO

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- Skilled Nursing & Rehabilitation Center

### **UniHealth Post-Acute Care - Swainsboro**

856 Highway 1 South, Swainsboro, GA 30401

Phone: (478) 237-7022 • Fax: (478) 237-3024

- Hospice Agency

### **United Hospice of Swainsboro**

Phone: (478) 237-7798 • Fax: (478) 237-7388

- Care Management Provider

### **UniHealth SOURCE of Swainsboro**

Phone: (478) 237-7270 • Fax: (478) 237-7290

## SYLVESTER

---

- Skilled Nursing & Rehabilitation Center

### **Sylvester Health Care**

206 Monk Street, Sylvester, GA 31791

Phone: (229) 776-5541 • Fax: (229) 776-9712

## TOCCOA

---

- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Toccoa**

633 Falls Road, Toccoa, GA 30577

Phone: (706) 886-8491 • Fax: (706) 886-7140

- Contracting Services Provider

### **UniChoice**

211 East Doyle Street, Toccoa, GA 30577

Phone: (706) 886-8493 • Fax: (706) 886-5449

- Pharmacy Services Provider

### **United Pharmacy Services of Toccoa**

377 North Pond Street, Toccoa, GA 30577

Phone: (706) 886-7787 • Fax: (706) 886-2939

## TOOMSBORO

---

- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Toombsboro**

210 Main Street, Toombsboro, GA 31090

Phone: (478) 933-5395 • Fax: (478) 933-5451

## UNION CITY

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- Skilled Nursing & Rehabilitation Center

### **Christian City Rehabilitation Center**

7300 Lester Road, Union City, GA 30291

Phone: (770) 964-3301 • Fax: (770) 964-7041

- Assisted Living Community

### **Sparks Inn Retirement Center**

7290 Lester Road, Union City, GA 30291

Phone: (770) 964-3301 • Fax: (770) 964-7041

- Home Health Agency

### **United Home Care at Christian City**

Phone: (770) 254-8573 • Fax: (770) 306-1032

- Hospice Agency

### **United Hospice at Christian City**

Phone: (770) 254-8612 • Fax: (770) 254-8605

- Care Management Provider

### **UniHealth SOURCE at Christian City**

Phone: (770) 254-1545 • Fax: (770) 964-6253

- Pharmacy Services Provider

### **United Pharmacy Services at Christian City**

7300 Lester Road, Bldg P, Union City, GA 30291

Phone: (770) 210-5900 • Fax: (770) 500-1116

## VALDOSTA

---

- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare at Crestwood**

415 Pendleton Place, Valdosta, GA 31602

Phone: (229) 242-6868 • Fax: (229) 242-5357

- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare at Holly Hill**

413 Pendleton Place, Valdosta, GA 31602

Phone: (229) 244-6968 • Fax: (229) 247-9933

- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare at Lakehaven**

410 East Northside Drive, Valdosta, GA 31602

Phone: (229) 242-7368 • Fax: (229) 242-6126

- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Valdosta**

2501 North Ashley Street, Valdosta, GA 31602

Phone: (229) 244-7368 • Fax: (229) 242-4310

- Skilled Nursing & Rehabilitation Center

### **Parkwood Developmental Center**

1501 North Lee Street, Valdosta, GA 31601

Phone: (229) 242-6268 • Fax: (229) 242-5845

- Hospice Agency

### **United Hospice of Valdosta**

Phone: (229) 242-1187 • Fax: (229) 242-0562

- Care Management Provider

### **UniHealth SOURCE of Valdosta**

Phone: (229) 241-8750 • Fax: (229) 241-8940

- Pharmacy Services Provider

### **United Pharmacy Services of Valdosta**

1711 River Street, Valdosta, GA 31601

Phone: (229) 244-8868 • Fax: (229) 333-9644

## VIDALIA

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- Skilled Nursing & Rehabilitation Center

### **Bethany Nursing Center of Vidalia**

1305 North Street, East, Vidalia, GA 30474

Phone: (912) 537-7922 • Fax: (912) 537-0216

- *Assisted Living Community*

**The Oaks Bethany**

1400 North East Main Street, Vidalia, GA 30474

Phone: (912) 538-9700 • Fax: (912) 538-9702

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**WARM SPRINGS**

- ⊗ *Home Health Agency*

**United Home Care of Warm Springs**

Phone: (706) 655-2094 • Fax: (706) 655-2037

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**WASHINGTON**

- *Skilled Nursing & Rehabilitation Center*

**Heritage Healthcare of Wilkes**

112 Hospital Drive, Washington, GA 30673

Phone: (706) 678-7804 • Fax: (706) 678-3675

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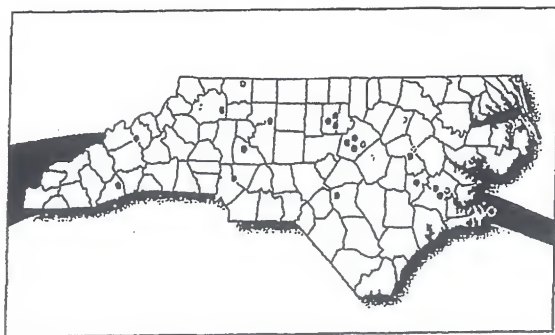
**WINDER**

- ⊗ *Home Health Agency*

**United Home Care of Winder**

Phone: (770) 586-5313 • Fax: (770) 586-5441





# NORTH CAROLINA

## BLACK MOUNTAIN

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- Skilled Nursing & Rehabilitation Center

### **North Carolina State Veterans Home**

#### **- Black Mountain**

62 Lake Eden Road, Black Mountain, NC 28711

Phone: (828) 257-6800 • Fax: (828) 257-6860

## BREVARD

---

- Skilled Nursing & Rehabilitation Center

### **The Oaks of Brevard**

300 Morris Road, Brevard, NC 28712

Phone: (828) 877-4020 • Fax: (828) 877-3858

## DURHAM

---

- Skilled Nursing & Rehabilitation Center

### **UniHealth Post-Acute Care - Carolina Point**

5935 Mount Sinai Road, Durham, NC 27705

Phone: (919) 402-2450 • Fax: (919) 493-1295

- Skilled Nursing & Rehabilitation Center

### **UniHealth Post-Acute Care of Durham**

3100 Erwin Road, Durham, NC 27705

Phone: (919) 383-1546 • Fax: (919) 383-0862

- Pharmacy Services Provider

### **United Pharmacy Services of North Carolina**

4022 Stirrup Creek Dr, Bldg 3 Ste 325, Durham, NC 27703

Phone: (800) 390-2906 • Fax: (919) 484-9009

## ELKIN

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- Skilled Nursing & Rehabilitation Center

### **UniHealth Post-Acute Care - Elkin**

560 Johnson Ridge Road, Elkin, NC 28621

Phone: (336) 835-7802 • Fax: (336) 526-2881

## FARMVILLE

---

- Skilled Nursing & Rehabilitation Center

### **Heritage Healthcare of Farmville**

4351 South Main Street, Farmville, NC 27828

Phone: (252) 753-5547 • Fax: (252) 752-5156

- › Hospice Agency

### **United Hospice of Eastern Carolina at Farmville**

Phone: (252) 753-7741 • Fax: (252) 753-7888

## FAYETTEVILLE

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- Skilled Nursing & Rehabilitation Center

### **North Carolina State Veterans Home - Fayetteville**

214 Cochran Avenue, Fayetteville, NC 28301

Phone: (910) 482-4131 • Fax: (910) 822-0979

## HARRISBURG

---

- Skilled Nursing & Rehabilitation Center

### **The Oaks at Town Center**

6300 Roberta Road, Harrisburg, NC 28075

Phone: (704) 455-5553 • Fax: (704) 455-5679

## HIGH POINT

---

- Skilled Nursing & Rehabilitation Center

### **UniHealth Post-Acute Care - High Point**

3830 North Main Street, High Point, NC 27265

Phone: (336) 869-3524 • Fax: (336) 869-7498

## KINSTON

---

- Skilled Nursing & Rehabilitation Center

### **North Carolina State Veterans Home - Kinston**

2150 Hull Road, Kinston, NC 28504

Phone: (252) 939-8000

## NEW BERN

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- Skilled Nursing & Rehabilitation Center

### **UniHealth Post-Acute Care - Neuse**

1303 Health Drive, New Bern, NC 28560

Phone: (252) 634-2560 • Fax: (252) 638-1485

- Skilled Nursing & Rehabilitation Center

### **UniHealth Post-Acute Care - Trent**

836 Hospital Drive, New Bern, NC 28560

Phone: (252) 638-6001 • Fax: (252) 638-9304

- › Hospice Agency

### **United Hospice of Coastal Carolina**

Phone: (252) 633-4311 • Fax: (252) 633-3009

## NORTH WILKESBORO

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- › Hospice Agency

### **United Hospice of Wilkes**

Phone: (336) 667-0548 • Fax: (336) 667-0648

## **MOUNT AIRY**

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Ⓜ *Home Health Agency*

**UniHealth Home Health of Surry County**

Phone: (336) 789-9990 • Fax: (336) 789-9004

## **RALEIGH**

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● *Skilled Nursing & Rehabilitation Center*

**The Oaks at Mayview**

513 East Whitaker Mill Road, Raleigh, NC 27608

Phone: (919) 828-2348 • Fax: (919) 828-7554

● *Skilled Nursing & Rehabilitation Center*

**UniHealth Post-Acute Care - Raleigh**

2420 Lake Wheeler Road, Raleigh, NC 27603

Phone: (919) 755-0226 • Fax: (919) 755-9114

● *Continuing Care Retirement Community*

**The Oaks at Whitaker Glen**

501 East Whitaker Mill Road, Raleigh, NC 27608

Phone: (919) 839-5604 • Fax: (919) 839-5604

Ⓜ *Home Health Agency*

**UniHealth Home Health of Raleigh**

Phone: (919) 838-2768 • Fax: (919) 838-2769

## **ROCKY MOUNT**

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Ⓜ *Hospice Agency*

**United Hospice of Eastern Carolina at Rocky Mount**

Phone: (252) 442-9126 • Fax: (252) 442-9580

## **SALISBURY**

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● *Skilled Nursing & Rehabilitation Center*

**North Carolina State Veterans Home - Salisbury**

1601 Brenner Ave; Bldg 10, Salisbury, NC 28144

Phone: (704) 638-4200 • Fax: (704) 636-4577

## **SEA LEVEL**

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● *Skilled Nursing & Rehabilitation Center*

**Heritage Healthcare at Taylor Place**

468 US 70, Sea Level, NC 28577

Phone: (252) 225-0112 • Fax: (252) 225-1228

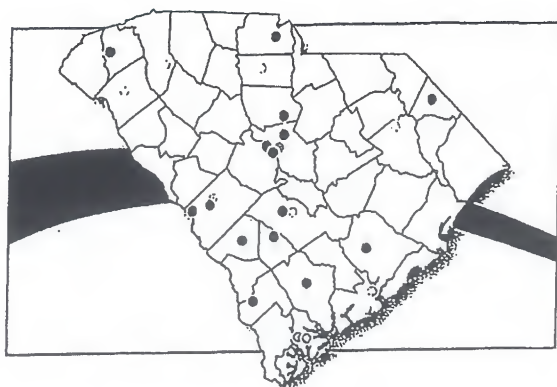
## **SMITHFIELD**

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Ⓜ *Hospice Agency*

**United Hospice of Eastern Carolina at Smithfield**

Phone: (919) 938-3301 • Fax: (919) 938-3350



## SOUTH CAROLINA

### AIKEN

- Skilled Nursing & Rehabilitation Center

#### **UniHealth Post-Acute Care - Aiken**

830 Laurens Street, Aiken, SC 29801  
Phone: (803) 649-6264 • Fax: (803) 642-5737

- ▷ Hospice Agency

#### **United Hospice of the Midlands - Aiken**

Phone: (803) 641-0060 • Fax: (803) 641-1447

### ANDERSON

- ▷ Hospice Agency

#### **United Hospice of the Piedmont - Anderson**

Phone: (864) 226-1219 • Fax: (864) 226-8730

### BAMBERG

- Skilled Nursing & Rehabilitation Center

#### **UniHealth Post-Acute Care of Bamberg**

439 North Street, Bamberg, SC 29003  
Phone: (803) 245-7525 • Fax: (803) 245-7527

### BARNWELL

- Skilled Nursing & Rehabilitation Center

#### **UniHealth Post-Acute Care - Barnwell**

31 Wren Street, Barnwell, SC 29812  
Phone: (803) 259-5547 • Fax: (803) 259-7350

### BEAUFORT

- ▷ Hospice Agency

#### **United Hospice of Beaufort**

Phone: (843) 522-0476 • Fax: (843) 524-0517

- Home Health Agency

#### **UniHealth Home Health of the Low Country**

Phone: (843) 322-0297 • Fax: (843) 322-0346

### CHARLESTON

- ▷ Hospice Agency

#### **United Hospice of the Midlands - Charleston**

Phone: (843) 573-8623 • Fax: (843) 573-8661

### CHESTER

- ▷ Hospice Agency

#### **United Hospice of the Piedmont - Chester**

Phone: (803) 385-2002 • Fax: (803) 377-4102

### COLUMBIA

- Skilled Nursing & Rehabilitation Center

#### **UniHealth Post-Acute Care - Blythewood**

1075 Heather Green Drive, Columbia, SC 29229  
Phone: (803) 382-2300 • Fax: (803) 382-2301

- Skilled Nursing & Rehabilitation Center

#### **UniHealth Post-Acute Care - Columbia**

2451 Forest Drive, Columbia, SC 29204  
Phone: (803) 254-5960 • Fax: (803) 252-0352

- ▷ Hospice Agency

#### **United Hospice of the Piedmont - Columbia**

Phone: (803) 771-0489 • Fax: (803) 771-0427

### DILLON

- Skilled Nursing & Rehabilitation Center

#### **Heritage Healthcare at The Pines**

413 Lakeside Court, Dillon, SC 29536  
Phone: (843) 774-2741 • Fax: (843) 774-5850

### ESTILL

- Skilled Nursing & Rehabilitation Center

#### **UniHealth Post-Acute Care - Low Country**

252 Liberty Street South, Estill, SC 29918  
Phone: (803) 625-3852 • Fax: (803) 625-2441

### FLORENCE

- ▷ Hospice Agency

#### **United Hospice of the Pee Dee**

Phone: (843) 662-8633 • Fax: (843) 662-8902

### LEXINGTON

- Pharmacy Services Provider

#### **United Pharmacy Services of Lexington**

328 Riverchase Way, Lexington, SC 29072  
Phone: (803) 739-4949 • Fax: (803) 739-4950



## MONCK'S CORNER

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- *Skilled Nursing & Rehabilitation Center*  
**UniHealth Post-Acute Care - Moncks Corner**  
505 South Live Oaks Drive, Moncks Corner, SC 29461  
Phone: (843) 761-8368 • Fax: (843) 761-5874

## NORTH AUGUSTA

---

- *Skilled Nursing & Rehabilitation Center*  
**UniHealth Post-Acute Care - North Augusta**  
1200 Talisman Drive, North Augusta, SC 29841  
Phone: (803) 278-2170 • Fax: (803) 442-9344

## ORANGEBURG

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- *Skilled Nursing & Rehabilitation Center*  
**UniHealth Post-Acute Care - Orangeburg**  
755 Whitman Street S.E., Orangeburg, SC 29115  
Phone: (803) 534-7036 • Fax: (803) 534-7130
- ☛ *Hospice Agency*  
**United Hospice of the Midlands - Orangeburg**  
Phone: (803) 268-9780 • Fax: (803) 536-2871

## RIDGEWAY

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- *Skilled Nursing & Rehabilitation Center*  
**UniHealth Post-Acute Care - Tanglewood**  
213 Tanglewood Court, Ridgeway, SC 29130  
Phone: (803) 337-3211 • Fax: (803) 337-8124

## ROCK HILL

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- *Skilled Nursing & Rehabilitation Center*  
**UniHealth Post-Acute Care - Rock Hill**  
261 South Herlong Avenue, Rock Hill, SC 29732  
Phone: (803) 366-7133 • Fax: (803) 366-2261

## SIMPSONVILLE

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- ☛ *Hospice Agency*  
**United Hospice of the Piedmont - Simpsonville**  
Phone: (864) 962-6699 • Fax: (864) 962-6816

## SIX MILE

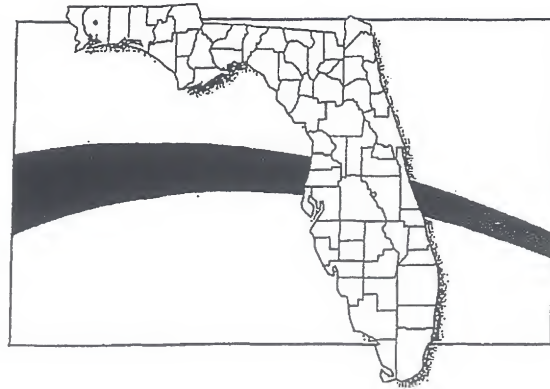
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- *Skilled Nursing & Rehabilitation Center*  
**Heritage Healthcare of Pickens**  
163 Love and Care Road, Six Mile, SC 29682  
Phone: (864) 868-2307 • Fax: (864) 868-7813

## WALTERBORO

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- *Skilled Nursing & Rehabilitation Center*  
**UniHealth Post-Acute Care - Oakwood**  
401 Witsell Street, Walterboro, SC 29488  
Phone: (843) 549-5546 • Fax: (843) 549-2024



# FLORIDA

## MILTON

---

- *Skilled Nursing & Rehabilitation Center*  
**UniHealth Post-Acute Care - Santa Rosa**  
5530 Northrop Road, Milton, FL 32570  
Phone: (850) 983-8888 • Fax: (850) 983-8880

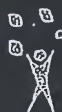


1626 Jeurgens Court  
Norcross, Georgia 30093

Phone: (770) 279-6200

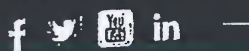
Fax: (770) 925-4619

[info@pruitthealth.com](mailto:info@pruitthealth.com)



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[pruitthealth.com](http://pruitthealth.com)



BENJAMIN NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet A-8-1 Sunday, November 27, 2011 at 5:01:00 PM

Statement of Costs of Services from Related Organizations

EXHIBIT

7

Are there any costs included in Worksheet A which resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10?

Yes

B. Costs Incurred and Adjustment Required as Result of Transactions with Related Organizations:

Line	COST CENTER	Location and Amount Included on Worksheet A, column 5	EXPENSE ITEMS	Amount	Amount Allowable	Adjustments
1	2	3	4	5	6	
1	4	Administrative & General	Home Office-Admin Direct Allocation	0	82411	-82411
2	5	Plant Operation, Maint. & Repairs	Home Office-Maintenance Direct Allocation	0	2689	-2689
3	1	Cap Rel Costs - Bldgs & Fixtures	Home Office-Capital Related	0	26240	-26240
4	4	Administrative & General	Home Office-Pooled Cost	212217	125176	87041
5	4	Administrative & General	United Collections-collection services	7	72	-65
6	16	Skilled Nursing Facility	United Clinical-nursing	239755	309499	-69744
7	8	Dietary	United Clinical-dietary	0	17852	-17852
8	4	Administrative & General	United Clinical-admin	0	8514	-8514
9	25	Physical Therapy	United Rehab-physical therapy	64459	60693	3766
9.01	27	Speech Pathology	United Rehab-speech therapy	21965	21621	344
9.02	26	Occupational Therapy	United Rehab-occupational therapy	57357	54968	2389
9.03	4	Administrative & General	United Medical-admin	12859	11997	862
9.04	5	Plant Operation, Maint. & Repairs	United Medical-plant operation	24696	23042	1654
9.05	6	Laundry & Linen Service	United Medical-laundry	21252	19828	1424
9.06	7	Housekeeping	United Medical-housekeeping	27726	25869	1857
9.07	8	Dietary	United Medical-dietary	45171	42145	3026
9.08	9	Nursing Administration	United Medical-nursing admin	26	25	1
9.09	12	Medical Records & Library	United Medical-medical records	1258	1174	84
9.10	13	Social Service	United Medical-social services	79	74	5
9.11	15	Activities	United Medical-activities	363	339	24
9.12	16	Skilled Nursing Facility	United Medical-nursing	117238	109384	7854
9.13	25	Physical Therapy	United Medical-physical therapy	2433	2270	163
9.14	26	Occupational Therapy	United Medical-occupational therapy	521	486	35
9.15	29	Medical Supplies Charged to Patients	United Medical-medical supplies	7256	6770	486
9.16	32	Support Surfaces	United Medical-support surfaces	955	891	64
9.17	5	Plant Operation, Maint. & Repairs	Unichoice Environmental-maintenance	9000	8500	500
9.18	4	Administrative & General	United Pharmacy-pharmacy consultant	14400	18310	-3910
9.19	12	Medical Records & Library	United Pharmacy-medical records	174	4526	-4352
10		TOTALS		881167	985465	-104298

C. Interrelationship to related organization(s):

The Secretary, by virtue of authority granted under section 1814 (b)(1) of the Social Security Act, requires that you furnish the information requested under Part C of this worksheet.

This information is used by the Health Care Financing Administration and its intermediaries in determining that the costs applicable to services, facilities and supplies furnished by organizations related to you by common ownership or control, represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

Symbol	Name	Percentage of Ownership	Name	Percent of Ownership	Type of Business
1	2	3	4	5	6
1	B	100%	Pruitt Corporation	100%	Management
2	B	100%	Pruitt Corporation	100%	Rental
3	B	100%	United Collections	100%	Collections
4	B	100%	United Clinical	100%	Consulting
5	B	100%	United Pharmacy	100%	Pharmacy
6	B	100%	United Medical	100%	Medical
7	B	100%	United Rehab	100%	Rehab
8	B	100%	Unichoice Environmental Service	100%	Maintenance

- Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider
- Corporation, partnership or other organization has financial interest in provider
- Provider has financial interest in corporation, partnership, or other organization
- Director, officer, administrator or key person of provider or relative of such person has financial interest in related organization
- Individual is director, officer, administrator, or key person of provider and related organization
- Director, officer, administrator or key person of related organization or relative of such person has financial interest in provider
- Other:



EXHIBIT  
8

A. ARE THERE ANY COSTS INCLUDED ON WORKSHEET A WHICH RESULTED FROM TRANSACTIONS WITH RELATED ORGANIZATIONS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10?  
X YES (IF "YES," COMPLETE PARTS B AND C)  
NO

B. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS:  
LOCATION AND AMOUNT INCLUDED ON WORKSHEET A, COLUMN 5

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT	ALLOWABLE IN COST	ADJUSTMENTS
1	2	3	4	5	6
1	1	CAP REL COSTS - BLDGS & F FACILITY LEASE	422,100	274,810	147,290
2	4	ADMINISTRATIVE & GENERAL HOME OFFICE-ADMIN DIRECT		78,770	-78,770
3	5	PLANT OPERATION, MAINT. & HOME OFFICE-MAINTENANCE D		2,929	-2,929
4	1	CAP REL COSTS - BLDGS & F HOME OFFICE-CAPITAL RELAT		32,219	-32,219
5	4	ADMINISTRATIVE & GENERAL HOME OFFICE-POOLED COST	402,004	248,234	153,770
6	4	ADMINISTRATIVE & GENERAL UNITED COLLECTIONS-COLLEC	266	2,413	-2,147
7	16	SKILLED NURSING FACILITY UNITED CLINICAL-NURSING	103,020	75,361	27,659
8	8	DIETARY UNITED CLINICAL-DIETARY	18,180	11,267	6,913
9	4	ADMINISTRATIVE & GENERAL UNITED CLINICAL-ADMIN		12,724	-12,724
9.01	16	SKILLED NURSING FACILITY UNITED CLINICAL-NURSE AID	3,910		3,910
9.02	25	PHYSICAL THERAPY UNITED REHAB-PHYSICAL THE	209,756	183,788	25,968
9.03	27	SPEECH PATHOLOGY UNITED REHAB-SPEECH THERA	72,560	66,158	6,402
9.04	26	OCCUPATIONAL THERAPY UNITED REHAB-OCCUPATIONAL	180,068	164,916	15,152
9.05	4	ADMINISTRATIVE & GENERAL UNITED MEDICAL-ADMIN	14,422	13,932	490
9.06	5	PLANT OPERATION, MAINT. & UNITED MEDICAL-PLANT OPER	56,235	54,326	1,909
9.07	6	LAUNDRY & LINEN SERVICE UNITED MEDICAL-LAUNDRY	31,241	30,180	1,061
9.08	7	HOUSEKEEPING UNITED MEDICAL-HOUSEKEEPER	30,396	29,364	1,032
9.09	8	DIETARY UNITED MEDICAL-DIETARY	52,322	50,546	1,776
9.10	9	NURSING ADMINISTRATION UNITED MEDICAL-NURSING AD	86	83	3
9.11	12	MEDICAL RECORDS & LIBRARY UNITED MEDICAL-MEDICAL RE	131	127	4
9.12	13	SOCIAL SERVICE UNITED MEDICAL-SOCIAL SER	153	148	5
9.13	15	ACTIVITIES UNITED MEDICAL-ACTIVITIES	42	40	2
9.14	16	SKILLED NURSING FACILITY UNITED MEDICAL-NURSING	307,646	297,201	10,445
9.15	25	PHYSICAL THERAPY UNITED MEDICAL-PHYSICAL T	19,600	18,934	666
9.16	26	OCCUPATIONAL THERAPY UNITED MEDICAL-OCCUPATION	407	393	14
9.17	29	MEDICAL SUPPLIES CHARGED UNITED MEDICAL-MEDICAL SU	28,562	27,592	970
9.18	32	SUPPORT SURFACES UNITED MEDICAL-SUPPORT SU	28,872	27,892	980
9.19	5	PLANT OPERATION, MAINT. & UNICHOICE ENVIRONMENTAL-C	1,300	1,026	274
9.20	5	PLANT OPERATION, MAINT. & UNICHOICE ENVIRONMENTAL-C	5,549	4,845	704
9.21	4	ADMINISTRATIVE & GENERAL UNITED PHARMACY-PHARMACY	21,600	28,377	-6,777
9.22	12	MEDICAL RECORDS & LIBRARY UNITED PHARMACY-MEDICAL R	4,200	6,473	-2,273
10		TOTALS	2,014,628	1,745,068	269,560

C. INTERRELATIONSHIP OF PROVIDER TO RELATED ORGANIZATION(S):  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART C OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES. IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL, REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

(1) SYMBOL	NAME	PERCENTAGE OF OWNERSHIP	RELATED NAME	ORGANIZATION(S) PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	PRUITT CORPORAT	100.00	MANAGEMENT
2	B	100.00	PRUITT CORPORAT	100.00	RENTAL
3	B	100.00	PRUITT CORPORAT	100.00	COLLECTIONS
4	B	100.00	PRUITT CORPORAT	100.00	CONSULTING
5	B	100.00	PRUITT CORPORAT	100.00	PHARMACY
6	B	100.00	PRUITT CORPORAT	100.00	MEDICAL
7	B	100.00	PRUITT CORPORAT	100.00	REHAB
8	B	100.00	PRUITT CORPORAT	100.00	MAINTENANCE
9					
10					

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP PROVIDER TO RELATED ORGANIZATIONS:
- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
  - DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

EXHIBIT

9

# Contracting Department

**UHS PRUITT**  
CORPORATION  
*Committed to Caring*

## Contracting Department

**Marty Meighan; 770-279-6200**

*Vice President of Contracting*

**Karen Wilson; 678-533-6765**

*Contract Analyst*

**Jody Pelot; 678-533-6651**

*Director of Purchasing*

**Tracy Harmon; 678-533-6615**

*Administrative Assistant*

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## Corporate Vendor List



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# Corporate Vendor List

## Approved corporate vendors:

**Fire Systems** – Sprinklers, alarm system monitoring, etc.; reference maintenance vendor list

**Home Depot** – Paint, maintenance supplies, etc.; order through United Medical/DSSI

**Pitney Bowes** – Postage machines & supplies; contact Jody Pelot

**Joerns** – Bed rentals, specialty mattresses; order through United Medical/DSSI

**SPAN America** – Mattresses; order through United Medical/DSSI

**American Business Solutions** – Business cards, stationary, brochures; contact Debbie Burns @ 770-279-6200

**PRI X-Ray** – Mobile x-ray services; GA locations

**MobilexUSA** – Mobile x-ray services; SC/ NC locations

**Best Vendors** – Vending machines; contact Karen Wilson

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# Corporate Vendor List

## Approved corporate vendors:

**SteriCycle** – Bio hazardous waste removal; contact Karen Wilson

**Direct Supply** – A/C units, kitchen equipment, maintenance supplies, etc. ; order through United Medical/DSSI

**Encompass** – Textiles; order through United Medical/DSSI

**Ecolab** – Dish machines and chemicals; order through United Medical/DSSI

**SEPG** – Janitorial Supplies; order through United Medical/DSSI

**Shredding services**; contact Jody Pelot

**Milner, Inc** – Copiers, fax machines; contact Karen Wilson

**Sun Office Products (Inovus)** – Office supplies ; order through United Medical/DSSI

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# Corporate Vendor List

## Approved corporate vendors:

**Georgia Pacific** – Paper products; order through United Medical/DSSI  
**Kendall** – Feeding pumps; order through United Medical/DSSI  
**Arkray** – Diabetic supplies  
**SYSCO** – Food supplier NC/SC ; order through United Medical/DSSI  
**Wood Fruitticher** – Food supplier GA/FL ; order through United Medical/DSSI  
**Ross** – Clinical Nutrition ; order through United Medical/DSSI  
**DSSI** – E-commerce system; contact Jody Pelot  
**Berry Network** – Directory (i.e.. Yellow Pages); contact Matt Annis @ 770-279-6200  
**Ecolab**– Pest Control; contact Jody Pelot

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## Corporate Vendor List

### Approved corporate vendors:

**First Quality** – Adult briefs ; order through United Medical/DSSI

**3M/ Medline** – Wound care supplies ; order through United Medical/DSSI

**Respiratory Consultant** – Concentrators, O2 supplies ; order through United Medical/DSSI

**Dean** – Dairy Providers ; order through United Medical/DSSI

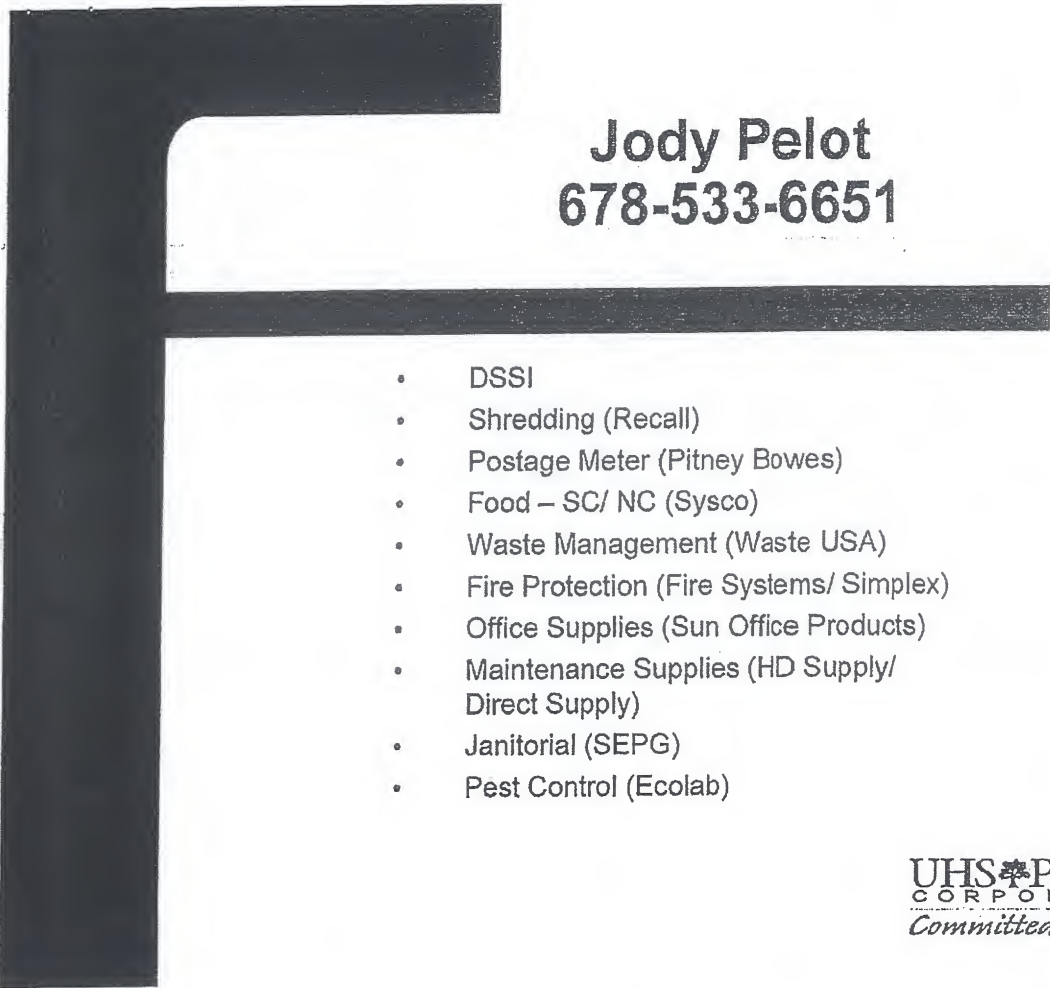
**Waste USA** – Trash Removal; contact Jody Pelot

**Kraftpower** – Generators; contact Tracy Harmon

**Hospital Communications** – Nurse Call/ Wonder Guard; contact vendor for quote

**TeleHealth** – TV System; contact vendor for quote

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**Jody Pelot**  
**678-533-6651**

- DSSI
- Shredding (Recall)
- Postage Meter (Pitney Bowes)
- Food – SC/ NC (Sysco)
- Waste Management (Waste USA)
- Fire Protection (Fire Systems/ Simplex)
- Office Supplies (Sun Office Products)
- Maintenance Supplies (HD Supply/  
Direct Supply)
- Janitorial (SEPG)
- Pest Control (Ecolab)

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**Karen Wilson**  
**678-533-6765**

- Bio-Medical Waste (SteriCycle/  
Medical Waste Company)
- Linens (Encompass)
- Copiers/Fax (Milner)
- Dialysis (DaVita/ Local Vendor)
- Food - GA (Wood Fruitticher )
- X-Ray – SC/ NC (MobilexUSA)
- X-Ray – GA (PRI X-Ray)
- Vending Machines (Best Vendors)
- Bed Rentals (Joerns)
- Mattresses (SPAN America)

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**Tracy Harmon**  
**678-533-6615**

- Process template contracts for the following entities:  
Healthcare Centers; United Pharmacy; United Clinical;  
United Medical; United Hospice; UniHealth SOURCE;  
United Home Care; United Rehab
- A/P Add Vendor Request Forms
- Generators (Kraftpower)
- Nurse Call (Hospital Communications)
- TV Systems (TeleHealth Systems)
- Dish Machines (Ecolab)

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# Sanction Check Procedure

1. Prior to using the services of any vendor or purchasing any vendor products, please verify their status by performing the Sanction Check; <https://app.sanctioncheck.com/Scripts/login.asp>.
2. Individuals should be checked with last name, first name and vendors by their full legal and d/b/a ("doing business as") names.
3. Individuals and vendors should be checked on the OIG/GSA and SDN databases located on the Sanction Check website.
4. If the vendor appears on the Sanction Check list, contact Contracting immediately. The vendor will then be put on hold through Accounts Payable and cannot be utilized by any Pruitt Corporation location until further notice by the Contracting Dept.
5. If you need a user id and password to login, please contact Preeti Desai in HR to assist accordingly.

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## Creating a Contract

First step - submit the Contract Request Form along with Sanction Checks, liability insurance certificate, fee schedule and license (if applicable) to the Contracting Department.

Scan to [contractrequest@uhs-pruitt.com](mailto:contractrequest@uhs-pruitt.com) or fax: 770-510-2436.

If the location has received the vendor's template, please fax that document along with the information listed above to the Contracting Department for review.

The standard turn around time for contracts is **two weeks**.

The Contracting Dept reviews/creates an average of one hundred plus contracts each month.

**All** contracts are generated through the Contracting Department. If your location has contract templates on file, please discard them.

Upon receipt of a fully executed contractual agreement, submit an A/P Add Vendor form along with the W-9 form for review for approval.

**All contracts** must go through the Contracting Department for approval and signature.

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# Contract Request Forms

## Four sections

- Pruitt Location Information
- Vendor Information (including full legal and d/b/a names, physical address, phone and fax numbers, contact name)
- Emergency (check if required within 24 hours)
- Additional Comments

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## A/P Add Vendor Information

Please check the approved vendor list before using a vendor for their services at your facility.

All employee requests should be sent directly to Accounting, fax number noted on A/P request form.

If the vendor is not an approved vendor, please submit an A/P request, sanction checks and W-9 for Marty Meighan (Vice President Contracting) to review for approval. Also, please note standard terms are net 60 days, unless contracted otherwise or approved per Marty Meighan.

If a vendor changes their address or company name, please submit an A/P request along with the updated W-9, sanction checks and a letter/ e-mail/ fax form vendor stating this change before the revision can be made within the system.

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## A/P Add Vendor Information

All marketing/ advertising should be pre-approved through Matt Annis before commitment is made with the vendor. Once approved per Matt, please submit an A/P add vendor request along with back up documentation including Matt Annis approval, sanction checks, W-9. Note all yellow page ads should go through Matt Annis, we have a corporate vendor to provide these services.

If your facility is going to use a vendor on a regular basis (barber/ beautician, landscaping, housekeeping, physician, medical director, lab services, transportation, etc) a fully executed contract needs to be in place before using the vendor for their services.

Before submitting invoices to be processed for payment, please make sure the vendor is an approved vendor.

If a user id and password for Sanction Checks is needed, please submit a request to Preeti Desai in HR for assistance.

Please note Marty Meighan reviews all received A/P add vendor requests twice a week, unless an emergency. An e-mail will be sent to the Administrator to notify the vendor being approved/ denied including if vendor was approved as a regular or one-time vendor and vendor terms.

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# Directions – Approved Vendor List

The following provides directions to get to the vendor list on the Common drive;

- When you're in Excel, go to File Open.
- From the drop-down box at the top of the dialog box, select "My Network Places".
- Double click "Entire Network".
- Double click "Microsoft Windows Network".
- Double click "Uhs-pruitt".
- Double click "uhsfs2".
- (If you do not see "uhsfs2", type \\uhsfs2 at the bottom of the dialogue box and click "Open".)
- Double click "COMMON".
- Double click to open the folder "PeopleSoft AP Documents".
- In that folder, you will find two files for the vendor list. One is in alphabetical order and the other is in numerical order. Both files are Read-Only. (You do not need a password to open the files.)

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# A/P Vendor Additions/Changes Form

Have you verified the vendor using the Sanction Check process?

The A/P Add Vendor form is submitted by the Facility's Administrator. It must have their signature/approval. Complete the form with facility name & number, vendor information and reason your location would like to add the vendor (what goods or services you would like them to provide to your location). Please use check the corporate vendor list.

Once the contract is fully executed, have the vendor complete a W-9 and submit this document to the Contracting along with the A/P Add Vendor form.

Scan the form to the Contracting Dept at [ContractRequest@uhs-pruitt.com](mailto:ContractRequest@uhs-pruitt.com) or fax it to 770-510-2436. Forms are processed within 24 business hours of being received.

Marty Meighan, Vice President of Contracting, will review all A/P Add Vendor request received along with all supporting documents, Sanction Check and W-9 form for approval or non-approval.

**If approved**, the form is scanned directly from the Contracting Dept. to Accounting in Toccoa for processing. Toccoa assigns the vendor number.

If **not** approved, the A/P Add Vendor form is returned back to the location with a note explaining why it was denied.

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## Frequently Asked Questions

**Can I sign the vendor's contract?** There are two authorizing signatures for contracts; Neil L. Pruitt Jr., Chairman and CEO and Marty Meighan, Vice President of Contracting.

**Can we use the vendor's contract?** The Contracting Dept. has standard templates that we use for various contractual agreements. We will use our templates and if necessary merge their clauses into our agreement. However, there are few exceptions, i.e. Beverly and Tenet.

**My vendor changed their business name. Do I need another contract?** Submit to the Contracting Dept the Vendor's original name and the new legal and or D/B/A. Notification of such change should come from the vendor in the form of a formal letter. You must also submit a new A/P Vendor Add form along with the sanction checks, W-9 and letter/ e-mail or fax from vendor to reflect the name change. This also applies if there is a change in address for the vendor.

**Another Hospice has an active contract with a vendor. Can I just use them?** Contact the Contracting Dept so that we can process a one page addendum to the original agreement stating your facility will also receive services from the vendor. After the addendum is fully executed you may use the vendor's services.

**My vendor does not have insurance coverage, can I still use them for services within our facility?** UHS-Pruitt Corporation requires that our vendor/providers have insurance coverage in the amount of \$1 million per occurrence and \$3 million per aggregate.

All advertising , use of company logos for any UHS-Pruitt facility must be pre-approved by Matt Annis, Communications Director.

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## Frequently Asked Questions

**What's my vendor number?** The Contracting Dept does not assign vendor numbers. This function is handled in Toccoa. The vendor maintenance list is updated every week and the new vendor will appear on the list with its new corresponding vendor ID#. If not able to access the vendor list, please contact you're A/P representative in Toccoa for the vendor ID#.

**When do I need to submit a contract request?** You need to submit a request for contract if you need the services of a potential provider/vendor. Also, you need a contract if the potential vendor has the opportunity to come in direct contact with our clients/patients/residents.

**Do I need a contract for a consultant to provide services?** Yes, all approved vendors must be under contract with the appropriate Pruitt facility.

**Who do I contact to find out the status of my contract?** If you have not received your contract after two weeks, feel free to contact the Contracting Dept., Administrative Assistant at 678-533-6615 or email us at [contractrequest@uhs-pruitt.com](mailto:contractrequest@uhs-pruitt.com).

**Can I cancel the provider's contract?** A formal letter of cancellation will be generated from the Contracting Dept. Please let us know what infractions, if any, warrants such action.

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## Frequently Asked Questions

**My vendor number has been deactivated. What do I need to do to reactivate this vendor?** Perform the Sanction Check to verify the vendor's status. Next, submit an A/P Vendor Add Form, copy of the Sanction Check and the W-9 to [contractrequest@uhs-pruitt.com](mailto:contractrequest@uhs-pruitt.com) or fax to 770-510-2436.

**Forms are located on the Common Drive;**  
When you're in Excel/ Word/ Adobe, go to File Open.

From the drop-down box at the top of the dialog box, select "My Network Places".

Double click "Entire Network".  
Double click "Microsoft Windows Network".

Double click "Uhs-pruitt".

Double click "uhsfs2". (If you do not see "uhsfs2", type \\uhsfs2 at the bottom of the dialogue box and click "Open".)


Double click "COMMON".  
\\uhsfs2\COMMON\ContractForms

**UHS\*PRUITT**  
CORPORATION  
*Committed to Caring*



## Questions/Comments ?

United  
PHARMACY  
SERVICES 

united  
Home  Care

United  
Clinical Services

UNITED   
MEDICAL

UHS & PRUITT  
CORPORATION  
*Committed to Caring*

United Rehab

United   
Veteran  
SERVICES

United  
HOSPICE

SH  
UNIHEALTH  
SOLUTIONS, INC.

UPAC Bamberg Invoices								
Vendor Name	Address	Phone	Invoice Date	Invoice #	Invoice Amount	Description	Terms (K.Spencer)	Notes
American Business for Solutions	approved vendor		9/3/2009	345055	\$ 86.47			order through Debbie Burns
American Business for Solutions	approved vendor		9/4/2009	345984	\$ 173.69			order through Debbie Burns
Bamberg Refrigeration Heating & A/C	491 Halfmoon Road, Bamberg, SC 29003	803-245-3450	9/8/2009		\$ 425.00	float sensor assembly	one-time, net 60 days	submit A/P add vendor, sanction checks and W-9 for future pre-approval.
Bamberg Refrigeration Heating & A/C	491 Halfmoon Road, Bamberg, SC 29003	803-245-3450	9/17/2009		\$ 625.00	brass fitting	one-time, net 60 days	is there a CER? See CER Policy & Procedure; contact Pat McNair.
Coburg Dairy	PO Box 63448, N Charleston, SC 29419	800-999-1235	9/3/2009		\$130.35	milk	one-time, net 60 days	order through DSSI
ESS	approved vendor		8/31/2009		\$ 5,567.00			Ok
Generator Services	31 C Trotter Road, West Columbia, SC 29169	803-939-1470	8/28/2009	473965	\$ 525.00	generator	one-time, net 60 days	use corporate vendor for future services; is there a approved CER?
Jameson Electric, LLC	137 Hoyt Court, Cope, SC 29038	803-707-0047	9/18/2009		\$ 565.00	fire wall & sleeves	one-time, net 60 days	use corporate fire vendor, see Contracting Department 2009 power point or contact Jody Pelot
Jameson Electric, LLC	137 Hoyt Court, Cope, SC 29038	803-707-0047	9/4/2009		\$ 375.00	breaker box	one-time, net 60 days	use corporate fire vendor, see Contracting Department 2009 power point or contact Jody Pelot
Pet Dairy	approved vendor		9/15/2009		\$ 75.63			order through DSSI/ United Medical

EXHIBIT  
10

1/4

Pet Dairy	approved vendor		9/12/2009		\$	(8.83)			order through DSSI/ United Medical
Pet Dairy	approved vendor		9/8/2009		\$	99.94			order through DSSI/ United Medical
Pet Dairy	approved vendor		9/8/2009		\$	34.58			order through DSSI/ United Medical
Pet Dairy	approved vendor		9/8/2009		\$	38.90			order through DSSI/ United Medical
Russell Pendarvis	105 Rowes Pump Drive, Rowesville, SC 29133	803-531-5250	8/25/2009		\$	224.00	locks re-keyed	one-time, net 60 days	order through DSSI, why so many keys being made?
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	8/24/2009	26151	\$	8.15	closet bolts	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	8/27/2009	26797	\$	20.03	key	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/14/2009	29811	\$	20.95	weld cold glue	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/4/2009	28333	\$	20.23	braces corner, testor	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	8/26/2009	26513	\$	12.52	key	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	8/25/2009	26403	\$	31.28	key	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/3/2009	28039	\$	11.61	valve saddle, ell drop	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/3/2009	27998	\$	42.16	washer rubber, flux paste, tubing	one-time, net 60 days	order through DSSI



Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/2/2009	27856	\$ 81.26	key, tape, battery	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/2/2009	27900	\$ 29.90	sandpaper, knockout cover, seal	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/2/2009	27917	\$ 29.93	torch, tape	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/4/2009	28223	\$ 45.96	keys	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/10/2009	29267	\$ 44.15	filters	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/10/2009	29170	\$ 7.86	glue	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/10/2009	29168	\$ 13.93	cap, padlock	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/14/2009	29963	\$ 7.71	screws	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/14/2009	29920	\$ 22.46	cord	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/16/2009	30299	\$ 7.91	glazing, hook cup	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/16/2009	30390	\$ 5.32	regal tools	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/17/2009	57973	\$ (1.85)	nipple brass	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/17/2009	30604	\$ 2.05	nipple brass	one-time, net 60 days	order through DSSI

Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/17/2009	30589	\$ 33.93	pipe, tee, nipple brass	one-time, net 60 days	order through DSSI
Sanders Supply	2660 Main Hwy, PO Box 506, Bamberg, SC 29903	803-245-4386	9/18/2009	30835	\$ 10.76	keys	one-time, net 60 days	order through DSSI
Simplex	approved vendor		9/1/2009	73148208	\$ 408.00	fire alarm system		OK
UniChoice Environmental Services			8/9/2009	RSN1028	\$ 26,012.50			OK

# EXHIBIT

//

**From:** Brian Warwick  
**Sent:** Thursday, August 13, 2009 8:46 PM  
**To:** Teresa C. Vallentine; Nancy W. McKinstry; Tom Markuszka  
**Subject:** FW:

FYI

**From:** Melanie DuPont  
**Sent:** Thursday, August 13, 2009 5:53 PM  
**To:** Brian Warwick  
**Subject:**

Here is what I have that is most current. Thanks.

**Confidentiality Notice:** This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by e-mail and destroy all copies of the original.

## 2 Attachments to August 13, 2009 email received by Teresa Vallentine:

### Attachment #1

#### **Review Items with New Administrators:**

1. Survey- Call the Regional and corporate EVERY time surveyor, and "letter people" call or are in center (FBI, OIG, GBI...) ASAP, also fractures, elopements, significant injuries or occurrences.
2. Be Survey ready 24/7
3. Weekend Management is required. This is a rotation of department heads to work approximately 4 hours on Saturday and Sunday. They are to take one day off during the week. The purpose is to have added management support during the weekends to conduct rounds, visit with families and visitors and patients, troubleshoot and problem solve,, not do their routine duties during weekend management.
4. Meetings: Morning Meeting, Case Mix Meeting, Occurrence Meetings, Other Team Meetings german to center
5. Performance Improvement Process and Meetings, Monitoring
6. Employee Handbook
7. Accounts Receivable, Aging Reports, \$10,000 Accounts, DSO, Million Dollar Club
8. Financials and Budget Review
9. Census- Expectations, Goals, Relationships
10. Department Heads and Supervisors
- < 11. Purchasing, United Medical, DSSI (requires administrator approval), Direct Supply through United Medical, CERs (required for expenditures over \$500)
- < 12. Contracts and Contracting- Administrator not to sign a contract, forward to Contracting, Process including Insurance and Sanction Check
- < 13. Hospice- Use United Hospice Only
14. United Home Care



15. United Rehab
16. Consultants- Region Consulting Team
17. Establish a Mentor from within Region
18. Green Sweep
19. Pay for Performance
20. Care Guard Policy and Program
21. Payables Process and accounts
22. Payroll Process, Master Wage Increase Form requires Regional signature, Time frames for submission
23. Hiring- Criminal Background Checks and Sanction Checks required, verification NOT on Abuse registry for all employees
24. Work Comp and Safety Programs and Practices
25. Grievances, Complaints, 1-800 line and calls
26. Customer Satisfaction Surveys and Scores, Programs to Increase Response Rate and Scores
27. Travel Voucher and Process
28. Computer Access Process
29. LTCQ
30. My Innerview- entered by 10<sup>th</sup> each month, Satisfaction surveys
31. UHS Pruitt University
32. Senior Care Partner Program
33. Monday Morning Conference Calls
34. Planning and Development
35. Financial Reports
36. Marketing Visits and expectations
37. Daily Reports, Deposits, Patient Fund, Signature Cards
38. Family Functions- Quarterly
39. Management by Walking Around
40. Plans of Corrections- approved by United Clinical before submitted to the state, administrator accountable for implementation
41. Staffing hours and daily tracking, overtime
42. Regional Checklist
43. CMI and Restorative
44. Medical Record Copy Request Process
45. Spend Down Sheets and expense control

## Attachment #2

### **Immediate Notification Requirements for Administrators of Health Care Centers**

In an effort to communicate serious occurrences in our Health Care Centers, the following list has been compiled for you to refer to as a reminder. This list is not necessarily exhaustive. If you as an Administrator feel that a situation beyond this list is serious enough to communicate to your up line, then use your own judgment and **call** your Assistant Vice President (AVP) as soon as possible. However, when the following situations occur in your Center, then it is mandatory to **call** your AVP of Community Services. By signing your signature below you indicate your understanding of this list and your responsibility for reporting such occurrences as soon as possible. Please send the original signed form to your AVP for proper filing.

1. Surveyors arrive- Annual, Complaint or Follow Up
2. An emergency that requires any policy out of the Disaster Manual including fires, elopements, power failures, telephone failures, bomb threats, gas leaks, inclement weather, frozen sprinkler pipes etc....
3. Contact by the media and remind all they are **NOT** permitted on the property.
4. Contact by any government body including GBI, NCSBI (North Carolina State Bureau of Investigation) , SCSLED, (South Carolina State Law Enforcement Division), FDLE (Florida Department of Law Enforcement), FBI, Department of Justice, CMS, HHS etc, Coroners...
5. Visits at the time of ARRIVAL of Neil Pruitt, Chris Bryson or Kevin Metz
6. Arrival on site of the auditors including Nurse Aide Training auditors, Medicaid Auditors, Medicare Auditors etc...
7. Arrival of the Ombudsman on site regardless of a regular visit or a special visit
8. Unusual occurrences including but not limited to deaths, abuse allegations, terroristic threats, hostile families, attorneys on premises etc...
9. Incidents of unknown origin
10. Any incident that causes or caused actual harm to a patient
11. All choking incidents
12. Fractures of unknown origin
13. Resident altercations with injury
14. All new acquired pressure ulcers
15. Alleged or actual abuse

16. Physical damage to the building or property (truck that hits awning, back hoe that strikes building...)
17. Union activity or presence in the center or area
18. Anything subject to rise to the level of an emergency or that would merit involvement of upper management

---

Administrator/Center/Date



THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM-APPROVED  
OMB NO. 0938-0463

2008 FCR

SKILLED NURSING FACILITY AND  
SKILLED NURSING FACILITY HEALTH  
CARE COMPLEX COST REPORT

I PROVIDER NO  
I 11-5334  
I

I PERIOD  
I FROM 7/ 1/2007 I WORKSHEET 5  
I TO 6/30/2008 I PARTS I & II

INTERMEDIARY I [ - ] AUDITED  
USE ONLY: I [ X ] DESK REVIEWED

I DATE RECEIVED 11/ 5/2008  
I INTERMEDIARY NO. 52280

I [ - ] INITIAL [ - ] RE-OPENED  
I [ - ] FINAL

PART I - CERTIFICATION

[ X ] ELECTRONIC FILED COST REPORT  
[ ] MANUALLY SUBMITTED COST REPORT

DATE: 6/ 5/2012  
TIME: 11:34

YR.  
PRIOR  
TO  
PRUITT

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THE COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: (PROVIDER NAME(S) AND NUMBER(S))

BLAIR HOUSE NURSING & REHAB CENTER 11-5334  
FOR THE COST REPORT PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
	1	A 2	B 3
1 SKILLED NURSING FACILITY	0	711,622	0
2	0		0
3 NURSING FACILITY	0		0
3,10 ICF/MR	0		0
4 SNF-BASED H H A I		0	0
7 TOTAL	0	711,622	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated to average 64 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

EXHIBIT

12

Health Financial Systems MCRIF32 FOR BLAIR HOUSE NURSING & REHAB CENTER IN LIEU OF FORM CMS-2540-96 (04/2006)  
 SKILLED NURSING FACILITY HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
 IDENTIFICATION DATA I 11-5334 I FROM 7/ 1/2007 I WORKSHEET S-2  
 I TO 6/30/2008 I

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

1 STREET: 2541 MILLEDGEVILLE ROAD P.O. BOX:  
 2 CITY: AUGUSTA STATE: GA ZIP CODE: 30904  
 3 COUNTY: RICHMOND MSA: CBSA: 0000 URBAN / RURAL: U

3.10 FACILITY SPECIFIC RATE: 1 0.00 2  
 3.10 TRANSITION PERIOD - ENTER 1,2,3 OR 100: 100  
 3.20 WAGE INDEX ADJUSTMENT FACTOR: BEFORE OCTOBER 1 0.9778  
 3.20 WAGE INDEX ADJUSTMENT FACTOR: AFTER SEPTEMBER 30 0.9667

SNF AND SNF-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, O OR N)
4.00 SNF	BLAIR HOUSE NURSING & REHAB CENTER	11-5334	2.01	3/ 1/1996	N P N

13 COST REPORTING PERIOD (mm/dd/yyyy) FROM: 7/ 1/2007 TO: 06/30/2008

14 TYPE OF CONTROL (SEE INSTRUCTIONS) 4

TYPE OF FREESTANDING SKILLED NURSING FACILITY

15 IS THIS AN ENTIRELY PARTICIPATING SKILLED NURSING FACILITY? Y

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I LINE 1 COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES, OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

	%	Y/N
15.01 STAFFING	41.49	Y
15.02 RECRUITMENT	0.06	Y
15.03 RETENTION	6.70	Y
15.04 TRAINING	0.35	Y
16 IS THIS A PARTIALLY PARTICIPATING SKILLED NURSING FACILITY?	N	
17 IS THIS SKILLED NURSING FACILITY UNIT OF A DOMICILIARY INSTITUTION?	N	
18 IS THIS SKILLED NURSING FACILITY UNIT OF A REHABILITATION CENTER?	N	
19 OTHER (SPECIFY)	N	

MISCELLANEOUS COST REPORTING INFORMATION

20 IF THIS IS A LOW OR NO MEDICARE UTILIZATION COST REPORT, ENTER "L" FOR LOW MEDICARE UTILIZATION, OR "N" FOR NO MEDICARE UTILIZATION.  
 21 IF THIS IS AN ALL-INCLUSIVE PROVIDER, ENTER THE METHOD USED. (SEE INSTRUCTION)  
 22 IS THE DIFFERENCE BETWEEN TOTAL INTERIM PAYMENTS AND THE NET COST COVERED SERVICE INCLUDED IN THE BALANCE SHEET? Y

DEPRECIATION ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED

23 STRAIGHT LINE  
 24 DECLINING BALANCE  
 25 SUM OF THE YEAR'S DIGITS  
 26 SUM OF LINE 23 THRU 25  
 27 IF DEPRECIATION IS FUNDED, ENTER THE BALANCE AS OF THE END OF THE PERIOD.  
 28 WERE THERE ANY DISPOSALS OF CAPITAL ASSETS DURING THE COST REPORTING PERIOD? N  
 29 WAS ACCELERATED DEPRECIATION CLAIMED ON ANY ASSETS IN THE CURRENT OR ANY PRIOR COST REPORTING PERIOD? N  
 30 WAS ACCELERATED DEPRECIATION CLAIMED ON ASSETS ACQUIRED ON OR AFTER AUGUST 1, 1970 (SEE PRM 15-I, CHAPTER 1)? N  
 31 DID YOU CEASE TO PARTICIPATE IN THE MEDICARE PROGRAM AT END OF THE PERIOD TO WHICH THIS COST REPORT APPLIES. (SEE PRM 15-I, CHAPTER 1)? N  
 32 WAS THERE A SUBSTANTIAL DECREASE IN HEALTH INSURANCE PROPORTION OF ALLOWABLE COST FROM PRIOR COST REPORTING PERIODS. (SEE PRM 15-I, CHAPTER 1)? N

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

	PART A	PART B	OTHER
33 SNF	N	N	

2540-96 18.20.130.0



Health Financial Systems MCRIF32 FOR BLAIR HOUSE NURSING & REHAB CENTER IN LIEU OF FORM CMS-2540-96 (07/1999)  
 SKILLED NURSING FACILITY HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD: I PREPARED 6/5/2012 (11:34)  
 STATISTICAL DATA I 11-5334 I FROM 7/1/2007 I WORKSHEET S-3  
 I TO 6/30/2008 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	TITLE V 3	INPATIENT DAYS		OTHER 6 2,175
				TITLE XVIII 4 2,116	TITLE XIX 5 29,903	
1 SKILLED NURSING FACILITY	100	36,500				
3.10 ICF/MR						
5 HOME HEALTH AGENCY						
7 CORF						
7.10 CMHC						
7.20 OUTPATIENT PHYSICAL THERA						
7.30 OUTPATIENT OCCUPATIONAL T						
7.40 OUTPATIENT SPEECH THERAPY						
9 TOTAL	100	36,500		2,116	29,903	2,175
10 AMBULANCE TRIPS (07/01/20)						

COMPONENT	INPAT DAYS TOTAL 7	TITLE V 8	DISCHARGES			TOTAL 12 102
			TITLE XVIII 9 31	TITLE XIX 10 49	OTHER 11 22	
1 SKILLED NURSING FACILITY	34,194					
3.10 ICF/MR						
5 HOME HEALTH AGENCY						
7 CORF						
7.10 CMHC						
7.20 OUTPATIENT PHYSICAL THERA						
7.30 OUTPATIENT OCCUPATIONAL T						
7.40 OUTPATIENT SPEECH THERAPY						
9 TOTAL	34,194		31	49	22	102
10 AMBULANCE TRIPS (07/01/20)						

COMPONENT	TITLE V 13	AVERAGE LENGTH OF STAY		TOTAL 16 335.24	ADMISSIONS	
		TITLE XVIII 14 68.26	TITLE XIX 15 610.27		TITLE V 17	TITLE XVIII 18 31
1 SKILLED NURSING FACILITY						
3.10 ICF/MR						
5 HOME HEALTH AGENCY						
7 CORF						
7.10 CMHC						
7.20 OUTPATIENT PHYSICAL THERA						
7.30 OUTPATIENT OCCUPATIONAL T						
7.40 OUTPATIENT SPEECH THERAPY						
9 TOTAL		68.26	610.27	335.24		31
10 AMBULANCE TRIPS (07/01/20)						

COMPONENT	TITLE XIX 19 54	ADMISSIONS		TOTAL 21 101	FULL TIME EQUIVALENT EMPLOYEES ON PAYROLL		NONPAID WORKERS 23
		OTHER 20 16	TOTAL 21 101		22 86.00	23	
1 SKILLED NURSING FACILITY							
3.10 ICF/MR							
5 HOME HEALTH AGENCY							
7 CORF							
7.10 CMHC							
7.20 OUTPATIENT PHYSICAL THERA							
7.30 OUTPATIENT OCCUPATIONAL T							
7.40 OUTPATIENT SPEECH THERAPY							
9 TOTAL	54	16	101	86.00			
10 AMBULANCE TRIPS (07/01/20)							

Health Financial Systems MCRIF32 FOR BLAIR HOUSE NURSING & REHAB CENTER IN LIEU OF FORM CMS-2540-96 (07/1996)  
 SNF WAGE INDEX INFORMATION I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
 SKILLED NURSING FACILITY HEALTH CARE COMPLEX I 11-5334 I FROM 7/ 1/2007 I WORKSHEET S-3  
 STATISTICAL DATA I I TO 6/30/2008 I PART XII

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5
1 EMPLOYEE BENEFITS	142,996		142,996	7,866.00	18.18
2 ADMINISTRATIVE & GENERAL	43,835		43,835	3,781.00	11.59
3 PLANT OPERATION, MAINT. & REPAIRS					
4 LAUNDRY & LINEN SERVICE					
5 HOUSEKEEPING	211,707		211,707	22,552.00	9.39
6 DIETARY					
7 NURSING ADMINISTRATION					
8 CENTRAL SERVICES & SUPPLY					
9 PHARMACY	23,058		23,058	151.00	152.70
10 MEDICAL RECORDS & LIBRARY	68,042		68,042	5,205.00	13.07
11 SOCIAL SERVICE					
12 INTERNS & RESIDENTS (APPRVD PROG)					
13 OTHER GENERAL SERVICES	489,638		489,638	39,555.00	12.38
14 TOTAL (SUM LINES 1 THRU 13)					

Health Financial Systems MCRIF32

FOR BLAIR HOUSE NURSING & REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (08/2010)  
 I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
 I FROM 7/ 1/2007 I WORKSHEET S-7  
 I TO 6/30/2008 I PART IV

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

I PROVIDER NO:  
 I 11-5334  
 I

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	DAYS 3.01	SERVICES ON/AFTER RATE 4	10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
001	RUC		69				
002	RUB						
003	RUA						
003 .01	RUX		16				
003 .02	RUL		31				
004	RVC		773				
005	RVB		198				
006	RVA		49				
006 .01	RVX		58				
006 .02	RVL		155				
007	RHC		39				
008	RHB		56				
009	RHA						
009 .01	RHX						
009 .02	RHL		67				
010	RMC		65				
011	RMB		48				
012	RMA		181				
012 .01	RMX		103				
012 .02	RML						
013	RLB						
014	RLA						
014 .01	RLX		61				
015	SE3		21				
016	SE2						
017	SE1		40				
018	SSC		43				
019	SSB		16				
020	SSA						
021	CC2						
022	CC1						
023	CB2		9				
024	CB1						
025	CA2		18				
026	CA1						
027	IB2						
028	IB1						
029	IA2						
030	IA1						
031	BB2						
032	BB1						
033	BA2						
034	BA1						
035	PE2						
036	PE1						
037	PD2						
038	PD1						
039	PC2						
040	PC1						
041	PB2						
042	PB1						
043	PA2						
044	PA1						
045							
045 .01	ES3						
045 .02	ES2						
045 .03	ES1						
045 .04	HE2						
045 .05	HE1						
045 .06	ND2						
045 .07	HD1						
045 .08	HC2						
045 .09	HC1						
045 .10	HB2						
045 .11	HB1						
045 .12	LE2						
045 .13	LE1						
045 .14	LD2						
045 .15	LD1						
045 .16	LC2						
045 .17	LC1						
045 .18	LB2						
045 .19	LB1						
045 .20	CE2						
045 .21	CE1						
045 .22	CD2						
045 .23	CD1		2,116				
046	TOTAL						

(1) The RUG IXX category represents the PPS period. Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on or after October 1st.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 2540-96 18.20.130.0



Health Financial Systems MCRIF32

FOR BLAIR HOUSE NURSING &amp; REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (08/2010)

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATAI PROVIDER NO:  
I 11-5334  
II PERIOD: I PREPARED 6/ 5/2012 (11:34)  
I FROM 7/ 1/2007 I WORKSHEET S-7  
I TO 6/30/2008 I PART IV

GROUP(1)	H3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	DAYS 4.01	SVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
Wage Index Factor (before 10/01): 0.9778							
Wage Index Factor (after 10/01) : 0.9667							
SNF Facility Specific Rate : 0.00							
Urban/Rural Designation : URBAN							
SNF HSA Code : NOT SPECIFIED							
SNF CBSA Code : 0000							

GROUP(1)	H3PI REVENUE CODE 2	HIGH COST(2) RUGS DAYS 4.05	TOTAL 5
001	RUC		
002	RUB		
003	RUA		
003 .01	RUX		
003 .02	RUL		
004	RVC		
005	RVB		
006	RVA		
006 .01	RVX		
006 .02	RVL		
007	RHC		
008	RHB		
009	RHA		
009 .01	RHX		
009 .02	RHL		
010	RMC		
011	RMB		
012	RMA		
012 .01	RMX		
012 .02	RML		
013	RLB		
014	RLA		
014 .01	RLX		
015	SE3		
016	SE2		
017	SE1		
018	SSC		
019	SSB		
020	SSA		
021	CC2		
022	CC1		
023	CB2		
024	CB1		
025	CA2		
026	CA1		
027	IB2		
028	IB1		
029	IA2		
030	IA1		
031	BB2		
032	BB1		
033	BA2		
034	BA1		
035	PE2		
036	PE1		
037	PD2		
038	PD1		
039	PC2		
040	PC1		
041	PB2		
042	PB1		
043	PA2		
044	PA1		
045			
045 .01	ES3		
045 .02	ES2		
045 .03	ES1		
045 .04	HE2		
045 .05	HE1		
045 .06	HD2		
045 .07	HD1		
045 .08	HC2		
045 .09	HC1		
045 .10	HB2		
045 .11	HB1		
045 .12	LE2		
045 .13	LE1		
045 .14	LD2		
045 .15	LD1		
045 .16	LC2		
045 .17	LC1		
045 .18	LB2		
045 .19	LB1		
045 .20	CE2		
045 .21	CE1		
045 .22	CD2		
045 .23	CD1		
2540-96	18.20.130.0		

Health Financial Systems MCRIF32

FOR BLAIR HOUSE NURSING & REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (08/2010)

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO:  
I 11-5334  
I

I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
I FROM 7/ 1/2007 I WORKSHEET S-7  
I TO 6/30/2008 I PART IV

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	TOTAL
1	2	4.05	5
046	TOTAL		

- (2) Enter in column 4.05 those days which are contained in either 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs receive a 20% payment increase added to the total in column 5.
- (3) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01)	:	0.9778
Wage Index Factor (after 10/01)	:	0.9667
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	URBAN
SNF HSA Code	:	NOT SPECIFIED
SNF CBSA Code	:	0000

# COST CENTERS

Health Financial Systems MCRIF32

FOR BLAIR HOUSE NURSING & REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (01/2001)  
I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
I FROM 7/ 1/2007 I WORKSHEET A  
I TO 6/30/2008 I

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CENTERS					
1	0100 CAP REL COSTS - BLDGS & FIXTURES		369,856	369,856		369,856
2	0200 CAP REL COSTS - MOVEABLE EQUIPMENT		11,626	11,626		11,626
3	0300 EMPLOYEE BENEFITS		341,981	341,981		341,981
4	0400 ADMINISTRATIVE & GENERAL	142,996	1,303,169	1,446,165		1,446,165
5	0500 PLANT OPERATION, MAINT. & REPAIRS	43,835	212,359	256,194		256,194
6	0600 LAUNDRY & LINEN SERVICE		89,236	89,236		89,236
7	0700 HOUSEKEEPING		118,875	118,875		118,875
8	0800 DIETARY	211,707	238,876	450,583		450,583
9	0900 NURSING ADMINISTRATION					
10	1000 CENTRAL SERVICES & SUPPLY					
11	1100 PHARMACY					
12	1200 MEDICAL RECORDS & LIBRARY	23,058	2,458	25,516		25,516
13	1300 SOCIAL SERVICE	68,042	6,845	74,887		74,887
14	1400 INTERNS & RESIDENTS (APPRVD PROG)					
16	1600 SKILLED NURSING FACILITY					
18.10	1810 ICF/MR	1,626,749	238,064	1,864,813	2,744,406	1,864,813
	ANCILLARY SERVICE COST CENTERS					
21	2100 RADIOLOGY		795	795		795
22	2200 LABORATORY		2,494	2,494		2,494
25	2500 PHYSICAL THERAPY		79,511	79,511	279,475	79,511
26	2600 OCCUPATIONAL THERAPY		96,704	96,704	183,474	96,704
27	2700 SPEECH PATHOLOGY		16,449	16,449	72,200	16,449
29	2900 MEDICAL SUPPLIES CHARGED TO PATIENT		17,356	17,356	177,170	17,356
30	3000 DRUGS CHARGED TO PATIENTS		70,308	70,308		70,308
35.50	3550 OUTPATIENT SERVICE COST CENTERS					
	FQHC					
48	4800 OTHER REIMBURSABLE COST CENTERS		4,705	4,705		4,705
50	5000 AMBULANCE					
50.10	5010 CORF					
50.20	5020 CMHC					
50.30	5030 OUTPATIENT PHYSICAL THERAPY					
50.40	5040 OUTPATIENT OCCUPATIONAL THERAPY					
	OUTPATIENT SPEECH THERAPY					
57	5700 SPECIAL PURPOSE COST CENTERS	2,116,387	3,221,667	5,338,054	-0-	5,338,054
	SUBTOTALS					
59	5900 NONREIMBURSABLE COST CENTERS					
75	7500 BARBER & BEAUTY SHOP	2,116,387	3,221,667	5,338,054	-0-	5,338,054
	TOTAL				4,776,852	

2010  
PLANT 15  
FILL  
1/2



RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

FOR BLAIR HOUSE NURSING & REHAB CENTER  
I PROVIDER NO:  
I 11-5334  
I

IN LIEU OF FORM CHS-2540-96 (01/2001)  
 I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
 I FROM 7/ 1/2007 I WORKSHEET A  
 I TO 6/30/2008 I

540-96 18.20.130.0

Health Financial Systems

MCRIF32

FOR BLAIR HOUSE NURSING &amp; REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (01/2001)

I PROVIDER NO:

I PERIOD:

I PREPARED 6/ 5/2012 (11:34)

I 11-5334

I FROM 7/ 1/2007

I NOT A CMS WORKSHEET

I

I TO 6/30/2008 I

## COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST CENTERS	0100	
1	CAP REL COSTS - BLDGS & FIXTURES	0200	
2	CAP REL COSTS - MOVEABLE EQUIPMENT	0300	
3	EMPLOYEE BENEFITS	0400	
4	ADMINISTRATIVE & GENERAL	0500	
5	PLANT OPERATION, MAINT. & REPAIRS	0600	
6	LAUNDRY & LINEN SERVICE	0700	
7	HOUSEKEEPING	0800	
8	DIETARY	0900	
9	NURSING ADMINISTRATION	1000	
10	CENTRAL SERVICES & SUPPLY	1100	
11	PHARMACY	1200	
12	MEDICAL RECORDS & LIBRARY	1300	
13	SOCIAL SERVICE	1400	
14	INTERNS & RESIDENTS (APPRVD PROG)		
	INPATIENT ROUTINE SERVICE CENTERS	1600	
16	SKILLED NURSING FACILITY	1810	
18.10	ICF/HR		
	ANCILLARY SERVICE COST CENTERS	2100	
21	RADIOLOGY	2200	
22	LABORATORY	2500	
25	PHYSICAL THERAPY	2600	
26	OCCUPATIONAL THERAPY	2700	
27	SPEECH PATHOLOGY	2900	
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	3000	
30	DRUGS CHARGED TO PATIENTS		
	OUTPATIENT SERVICE COST CENTERS	3550	RURAL HEALTH CLINIC
35.50	FQHC		
	OTHER REIMBURSABLE COST CENTERS	4800	
48	AMBULANCE	5000	
50	CORF	5010	CMHC
50.10	CMHC	5020	OPT
50.20	OUTPATIENT PHYSICAL THERAPY	5030	OOT
50.30	OUTPATIENT OCCUPATIONAL THERAPY	5040	OSP
50.40	OUTPATIENT SPEECH THERAPY		
	SPECIAL PURPOSE COST CENTERS		
57	SUBTOTALS		
	NONREIMBURSABLE COST CENTERS	5900	
59	BARBER & BEAUTY SHOP		
75	TOTAL		

Health Financial Systems MCRIF32

FOR BLAIR HOUSE NURSING & REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (01/2001)

COST ALLOCATION STATISTICS

I PROVIDER NO:

I PERIOD:

I PREPARED 6/ 5/2012 (11:34)

I 11-5334

I FROM 7/ 1/2007

I NOT A CMS WORKSHEET

I

I TO

6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST CENTERS				
1	CAP REL COSTS - BLDGS & FIXTURES	1	SQUARE	FEET	ENTERED
2	CAP REL COSTS - MOVEABLE EQUIPMENT	2	SQUARE	FEET	ENTERED
3	EMPLOYEE BENEFITS	3	GROSS	SALARIES	ENTERED
4	ADMINISTRATIVE & GENERAL	-4	ACCUM,	COST	NOT ENTERED
5	PLANT OPERATION, MAINT. & REPAIRS	5	SQUARE	FEET	ENTERED
6	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
7	HOUSEKEEPING	7	HOURS OF	SERVICE	ENTERED
8	DIETARY	8	MEALS	SERVED	ENTERED
9	NURSING ADMINISTRATION	9	DIRECT	NURSING	NOT ENTERED
10	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS	NOT ENTERED
11	PHARMACY	11	COSTED	REQUIS	NOT ENTERED
12	MEDICAL RECORDS & LIBRARY	12	TIME	SPENT	ENTERED
13	SOCIAL SERVICE	13	TIME	SPENT	ENTERED
14	INTERNS & RESIDENTS (APPRVD PROG)	14	ASSIGNED	TIME	NOT ENTERED



Health Financial Systems MCRIF32 FOR BLAYR HOUSE NURSING & REHAB CENTER  
 ANALYSIS OF CHANGES DURING COST REPORTING I PROVIDER NO:  
 PERIOD IN CAPITAL ASSET BALANCES I 11-5334  
 I

IN LIEU OF FORM CMS-2540-96 (07/1996)  
 I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
 I FROM 7/ 1/2007 I SUPPLEMENTAL  
 I TO 6/30/2008 I WORKSHEET A-7

DESCRIPTION	BEGINNING BALANCES 1	PURCHASE 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6
1 LAND						
2 LAND IMPROVEMENTS						
3 BUILDINGS & FIXTURES						
4 BUILDING IMPROVEMENTS						
5 FIXED EQUIPMENT						
6 MOVABLE EQUIPMENT	41,398					41,398
7 TOTAL	41,398					41,398

Health Financial Systems MCRIF32 FOR BLAIR HOUSE NURSING & REHAB CENTER  
STATEMENT OF COSTS OF SERVICES:  
FROM RELATED ORGANIZATIONS

I PROVIDER NO:  
I 11-5334  
I

IN LIEU OF FORM CMS-2540-96 ((10/1998))  
I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
I FROM 7/ 1/2007 I SUPPLEMENTAL  
I TO 6/30/2008 I WORKSHEET A-8-1

## RELATED PARTIES

A. ARE THERE ANY COSTS INCLUDED ON WORKSHEET A WHICH RESULTED FROM TRANSACTIONS WITH RELATED ORGANIZATIONS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10?  
X YES (IF "YES," COMPLETE PARTS B AND C)  
NO

B. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS:  
LOCATION AND AMOUNT INCLUDED ON WORKSHEET A, COLUMN 5

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT	AMOUNT ALLOWABLE IN COST	ADJUSTMENTS
1	2	3	4	5	6
1	4	ADMINISTRATIVE & GENERAL MANAGEMENT FEES	364,500	196,392	168,108
2	1	CAP REL COSTS - BLDGS & F RENTAL SPACE	369,856		369,856
3	2	CAP REL COSTS - MOVEABLE MGMT FEE ALLOCATION		1,501	-1,501
4	8	DIETARY ENTERAL SUPPLEMENT	20,095	7,641	12,454
5	16	SKILLED NURSING FACILITY ENTERAL SUPPLIES	21,212	8,065	13,147
6	1	CAP REL COSTS - BLDGS & F RENT-DEPR. EXPENSE		75,000	-75,000
7	1	CAP REL COSTS - BLDGS & F RENT-INTEREST EXP		182,471	-182,471
8	1	CAP REL COSTS - BLDGS & F RENT-PROPERTY INS.		22,200	-22,200
9	1	CAP REL COSTS - BLDGS & F RENT-PROPERTY TAX		19,200	-19,200
9.01	1	CAP REL COSTS - BLDGS & F RENT-AMORTIZATION		6,900	-6,900
9.02	1	CAP REL COSTS - BLDGS & F RENT-ADMIN & GENERAL		53	-53
10		TOTALS	775,663	519,423	256,240

C. INTERRELATIONSHIP OF PROVIDER TO RELATED ORGANIZATION(S):  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART C OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES. IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL, REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVII.

(1) SYMBOL	NAME	PERCENTAGE OF OWNERSHIP	RELATED NAME	PERCENTAGE OF OWNERSHIP	ORGANIZATION(S)	TYPE OF BUSINESS
1	2	3	4	5	6	7
1	A	FRANK FELTHAM	51.00	FANE MANAGEMENT	50.00	MANAGEMENT COMP
2	B	FELTHAM MANAGEM	51.00	BLAIR HOUSE INC	50.00	RENTAL COMPANY
3	A	FRANK FELTHAM	51.00	FANE MANAGEMENT	50.00	MANAGEMENT COMP
4	A	FRANK FELTHAM	100.00	HALCYON	100.00	MEDICAL SUPPLY
5	A	FRANK FELTHAM	100.00	HALCYON	100.00	MEDICAL SUPPLY
6	B	FELTHAM MANAGEM	51.10	BLAIR HOUSE INC	50.00	RENTAL COMPANY
7	B	FELTHAM MANAGEM	51.00	BLAIR HOUSE INC	50.00	RENTAL COMPANY
8	B	FELTHAM MANAGEM	51.00	BLAIR HOUSE INC	50.00	RENTAL COMPANY
9	B	FELTHAM MANAGEM	51.00	BLAIR HOUSE INC	50.00	RENTAL COMPANY
10	B	FELTHAM MANAGEM	51.00	BLAIR HOUSE, IN	50.00	RENTAL COMPANY
10.01	B	FELTHAM MANAGEM	51.00	BLAIR HOUSE, IN	50.00	RENTAL COMPANY

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP PROVIDER TO RELATED ORGANIZATIONS:
- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
  - DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

Health Financial Systems

MCRIF32

FOR BLAIR HOUSE NURSING &amp; REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (10/1998)

I PERIOD: I PREPARED 6/ 5/2012 (11:34)

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 11-5334  
II FROM 7/ 1/2007 I WORKSHEET A-8  
I TO 6/30/2008 I

(1) DESCRIPTION	(2) BASIS FOR ADJUST- MENT 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4
1 INVESTMENT INCOME ON RESTRICTED FUNDS (CHAPTER 2)				
2 TRADE, QUANTITY, & TIME DISCOUNTS ON PURC (CHAP 8)				
3 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)				
4 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)				
5 TELEPHONE SERVICES (PAY STATIONS EXCLUDE)(CHAP 21)				
6 TELEVISION AND RADIO SERVICE (CHAPTER 21)				
7 PARKING LOT (CHAPTER 21)				
8 REMUNERATION APPLIC TO PROV-BASED PHYSICIAN ADJHNT	A-8-2			
9 HOME OFFICE COSTS (CHAPTER 21)				
10 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)				
11 NONALLOWABLE CSTS RELTD TO CERT CAPITAL EXP (CH24)				
12 ADJ RESULTING FRM TRANSACTIONS W/RELTD ORGS (CH10)	A-8-1	-256,240		
13 LAUNDRY & LINEN SERVICE				
14 REVENUE - EMPLOYEE MEALS	B	-7,493	DIETARY	8
15 COST OF MEALS - GUESTS				
16 SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS				
17 SALE OF DRUGS TO OTHER THAN PATIENTS				
18 SALE OF MEDICAL RECORDS AND ABSTRACTS				
19 VENDING MACHINES				
20 INCOME FRM IMPOSITION OF INT, FINANCE OR PEN (C21)	B	-155	ADMINISTRATIVE & GENERAL	4
21 INT EXP MC OVRPYMTS & BORROWINGS REPAY MC OVRPYMNT				
22 ADJUSTMENT FOR SPEECH THERAPY - SNF	A-8-5		SPEECH PATHOLOGY	27
23 ADJUSTMENT FOR OCCUPATIONAL THERAPY - SNF	A-8-5		OCCUPATIONAL THERAPY	26
24 ADJUSTMENT FOR RESPIRATORY THERAPY - SNF	A-8-5		**COST CENTER DELETED**	24
25 ADJUSTMENT FOR PHYSICAL THERAPY - SNF	A-8-5		PHYSICAL THERAPY	25
26 ADJUST FOR HHA PHYS THRPPY COSTS IN EXCESS OF LIMIT	A-8-3		**COST CENTER DELETED**	39
27 SUBTOTAL (SUM OF LINES 1-26)		-263,888		
28 UTILIZATION REVIEW-PHYSICIANS' COMPENSATION(CH21)			**COST CENTER DELETED**	54
29 DEPRECIATION--BUILDINGS AND FIXTURES			CAP REL COSTS - BLDGS & F	1
30 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS - MOVEABLE	2
31				
31.01 BAD DEBTS MEDICAID	A	-19,906	ADMINISTRATIVE & GENERAL	4
31.02 BAD DEBTS PRIVATE	A	-110,560	ADMINISTRATIVE & GENERAL	4
31.03 BAD DEBTS MEDICARE A	A	-180,339	ADMINISTRATIVE & GENERAL	4
31.04 PROMOTION AND PUBLICITY	A	-102	ADMINISTRATIVE & GENERAL	4
31.05 ADVERTISING	A	-438	ADMINISTRATIVE & GENERAL	4
31.06 PHYSICIAN CARE	A	-11,174	ADMINISTRATIVE & GENERAL	4
31.07 OTHER TAXES AND INSURANCE	A	-375,924	ADMINISTRATIVE & GENERAL	4
31.08 PENALTIES	A	-59,280	ADMINISTRATIVE & GENERAL	4
31.09 MISCELLANEOUS INCOME	B	-571	ADMINISTRATIVE & GENERAL	4
31.10 BAD DEBTS HOSPICE	A	-135	ADMINISTRATIVE & GENERAL	4
31.11 PROVISION FOR INCOME TAXES	A	-10	ADMINISTRATIVE & GENERAL	4
32 TOTAL		-1,022,327		

- (1) DESCRIPTION--ALL CHAPTER REFERENCES IN THIS COLUMN PERTAIN TO CMS PUB. 15-I  
 (2) BASIS FOR ADJUSTMENT (SEE INSTRUCTIONS)  
 A. COSTS--IF COSTS, INCLUDING APPLICABLE OVERHEAD, CAN BE DETERMINED.  
 B. AMOUNT RECEIVED--IF COST CANNOT BE DETERMINED.



Health Financial Systems MCRIF32 FOR BLAIR HOUSE NURSING & REHAB CENTER IN LIEU OF FORM CMS-2540-96 (10/1999)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
 I 11-5334 I FROM 7/ 1/2007 I WORKSHEET B  
 I TO 6/30/2008 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAP REL COST S - BLDGS &	CAP REL COST S - MOVEABLE	EMPLOYEE BEN EFITS	SUBTOTAL	ADMINISTRATI VE & GENERAL	PLANT OPERAT ION, MAINT.
	0	1	2	3	3A	4	5
GENERAL SERVICE COST CENTERS							
001 CAP REL COSTS - BLDGS & F	305,824	305,824					
002 CAP REL COSTS - MOVEABLE	13,127		13,127				
003 EMPLOYEE BENEFITS	341,981			341,981			
004 ADMINISTRATIVE & GENERAL	519,463	34,605	1,485	23,106	578,659	578,659	
005 PLANT OPERATION, MAINT. &	256,194	6,533	280	7,083	270,090	41,822	311,912
006 LAUNDRY & LINEN SERVICE	89,236	8,557	367		98,160	15,199	10,083
007 HOUSEKEEPING	118,875	4,278	184		123,337	19,098	5,042
008 DIETARY	430,636	40,651	1,745	34,209	507,241	78,543	47,904
009 NURSING ADMINISTRATION							
010 CENTRAL SERVICES & SUPPLY							
011 PHARMACY				3,726	29,242	4,528	
012 MEDICAL RECORDS & LIBRARY	25,516		442	10,995	96,624	14,962	12,137
013 SOCIAL SERVICE	74,887	10,300					
014 INTERNS & RESIDENTS (APPR							
INPATIENT ROUTINE SERVICE CENTERS							
016 SKILLED NURSING FACILITY	1,851,666	193,356	8,302	262,862	2,316,186	358,644	227,854
018.10 ICF/MR							
ANCILLARY SERVICE COST CENTERS							
021 RADIOLOGY	795				795	123	
022 LABORATORY	2,494				2,494	386	
025 PHYSICAL THERAPY	79,511	1,499	64		81,074	12,554	1,767
026 OCCUPATIONAL THERAPY	96,704	1,499	64		98,267	15,216	1,767
027 SPEECH PATHOLOGY	16,449	1,499	64		18,012	2,789	1,767
029 MEDICAL SUPPLIES CHARGED	17,356	1,499	64		18,919	2,929	1,767
030 DRUGS CHARGED TO PATIENTS	70,308				70,308	10,887	
OUTPATIENT SERVICE COST CENTERS							
035.50 FQHC							
OTHER REIMBURSABLE COST CENTERS					4,705	729	
048 AMBULANCE	4,705						
050 CORF							
050.10 CMHC							
050.20 OUTPATIENT PHYSICAL THERA							
050.30 OUTPATIENT OCCUPATIONAL T							
050.40 OUTPATIENT SPEECH THERAPY							
SPECIAL PURPOSE COST CENTERS							
057 SUBTOTALS	4,315,727	304,276	13,061	341,981	4,314,113	578,409	310,088
NONREIMBURSABLE COST CENTERS							
059 BARBER & BEAUTY SHOP		1,548	66		1,614	250	1,824
064 CROSS FOOT ADJUSTMENT							
065 NEGATIVE COST CENTER							
075 TOTAL	4,315,727	305,824	13,127	341,981	4,315,727	578,659	311,912

643,844  
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Health Financial Systems MCRIF32 FOR BLAIR HOUSE NURSING & REHAB CENTER IN LIEU OF FORM CMS-2540-96 (10/1999)  
 COST ALLOCATION - GENERAL SERVICE COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
 I 11-5334 I FROM 7/ 1/2007 I WORKSHEET B  
 I TO 6/30/2008 I PART I

COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY
	6	7	8	9	10	11	12
GENERAL SERVICE COST CENTERS							
001 CAP REL COSTS - BLDGS & F							
002 CAP REL COSTS - MOVEABLE							
003 EMPLOYEE BENEFITS							
004 ADMINISTRATIVE & GENERAL							
005 PLANT OPERATION, MAINT. &							
006 LAUNDRY & LINEN SERVICE	123,442						
007 HOUSEKEEPING		147,477					
008 DIETARY		23,804	657,492				
009 NURSING ADMINISTRATION							
010 CENTRAL SERVICES & SUPPLY							
011 PHARMACY							33,770
012 MEDICAL RECORDS & LIBRARY							
013 SOCIAL SERVICE		6,031					
014 INTERNS & RESIDENTS (APPR							
INPATIENT ROUTINE SERVICE CENTERS							30,350
016 SKILLED NURSING FACILITY	123,442	113,224	657,492				
018.10 ICF/MR							
ANCILLARY SERVICE COST CENTERS							12
021 RADIOLOGY							62
022 LABORATORY							744
025 PHYSICAL THERAPY		878					981
026 OCCUPATIONAL THERAPY		878					76
027 SPEECH PATHOLOGY		878					322
029 MEDICAL SUPPLIES CHARGED		878					1,223
030 DRUGS CHARGED TO PATIENTS							
OUTPATIENT SERVICE COST CENTERS							
035.50 FQHC							
OTHER REIMBURSABLE COST CENTERS							
048 AMBULANCE							
050 CORF							
050.10 CHNC							
050.20 OUTPATIENT PHYSICAL THERA							
050.30 OUTPATIENT OCCUPATIONAL T							
050.40 OUTPATIENT SPEECH THERAPY							
SPECIAL PURPOSE COST CENTERS							33,770
057 SUBTOTALS	123,442	146,571	657,492				
NONREIMBURSABLE COST CENTERS							
059 BARBER & BEAUTY SHOP		906					
064 CROSS FOOT ADJUSTMENT							
065 NEGATIVE COST CENTER							33,770
075 TOTAL	123,442	147,477	657,492				

Health Financial Systems MCRIF32 FOR BLAIR HOUSE NURSING & REHAB CENTER IN LIEU OF FORM CMS-2540-96 (10/1999)  
 COST ALLOCATION - GENERAL SERVICE COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
 I 11-5334 I FROM 7/ 1/2007 I WORKSHEET B  
 I I TO 6/30/2008 I PART I

COST CENTER	SOCIAL SERVI CE	INTERNS & RE SIDENTS (APP	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	13	14	16	17	18
GENERAL SERVICE COST CENTERS					
001 CAP REL COSTS - BLDGS & F					
002 CAP REL COSTS - MOVEABLE					
003 EMPLOYEE BENEFITS					
004 ADMINISTRATIVE & GENERAL					
005 PLANT OPERATION, MAINT. &					
006 LAUNDRY & LINEN SERVICE					
007 HOUSEKEEPING					
008 DIETARY					
009 NURSING ADMINISTRATION					
010 CENTRAL SERVICES & SUPPLY					
011 PHARMACY					
012 MEDICAL RECORDS & LIBRARY					
013 SOCIAL SERVICE	129,754				
014 INTERNS & RESIDENTS (APPR					
INPATIENT ROUTINE SERVICE CENTERS					
016 SKILLED NURSING FACILITY	129,754		3,956,946		3,956,946
018.10 ICF/MR					
ANCILLARY SERVICE COST CENTERS					
021 RADIOLOGY			930		930
022 LABORATORY			2,942		2,942
025 PHYSICAL THERAPY			97,017		97,017
026 OCCUPATIONAL THERAPY			117,109		117,109
027 SPEECH PATHOLOGY			23,522		23,522
029 MEDICAL SUPPLIES CHARGED			24,815		24,815
030 DRUGS CHARGED TO PATIENTS			82,418		82,418
OUTPATIENT SERVICE COST CENTERS					
035.50 FQHC					
OTHER REIMBURSABLE COST CENTERS					
048 AMBULANCE			5,434		5,434
050 CORF					
050.10 CMHC					
050.20 OUTPATIENT PHYSICAL THERA					
050.30 OUTPATIENT OCCUPATIONAL T					
050.40 OUTPATIENT SPEECH THERAPY					
SPECIAL PURPOSE COST CENTERS					
057 SUBTOTALS	129,754		4,311,133		4,311,133
NONREIMBURSABLE COST CENTERS					
059 BARBER & BEAUTY SHOP			4,594		4,594
064 CROSS FOOT ADJUSTMENT					
065 NEGATIVE COST CENTER					
075 TOTAL	129,754		4,315,727		4,315,727

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 6,434,146



Health Financial Systems MCRIF32 FOR BLAIR HOUSE NURSING & REHAB CENTER IN LIEU OF FORM CHS-2540-96 (10/1999)  
 ALLOCATION OF CAPITAL-RELATED COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
 I 11-5334 I FROM 7/ 1/2007 I WORKSHEET 8  
 I TO 6/30/2008 I PART II

COST CENTER	DIRECTLY ASSIGNED	CAP REL COST S - BLDGS &	CAP REL COST S - MOVEABLE	SUBTOTAL	EMPLOYEE BEN EFITS	ADMINISTRATI VE & GENERAL	PLANT OPERAT ION, MAINT.
	0	1	2	2 a	3	4	5
GENERAL SERVICE COST CENTERS							
001 CAP REL COSTS - BLDGS & F							
002 CAP REL COSTS - MOVEABLE							
003 EMPLOYEE BENEFITS		34,605	1,485	36,090		36,090	
004 ADMINISTRATIVE & GENERAL		6,533	280	6,813		2,608	9,421
005 PLANT OPERATION, MAINT. &		8,557	367	8,924		948	305
006 LAUNDRY & LINEN SERVICE		4,278	184	4,462		1,191	152
007 HOUSEKEEPING		40,651	1,745	42,396		4,898	1,447
008 DIETARY							
009 NURSING ADMINISTRATION							
010 CENTRAL SERVICES & SUPPLY							
011 PHARMACY						282	
012 MEDICAL RECORDS & LIBRARY						933	367
013 SOCIAL SERVICE		10,300	442	10,742			
014 INTERNS & RESIDENTS (APPR							
INPATIENT ROUTINE SERVICE CENTERS							
016 SKILLED NURSING FACILITY		193,356	8,302	201,658		22,369	6,883
018.10 ICF/HR							
ANCILLARY SERVICE COST CENTERS						8	
021 RADIOLOGY						24	
022 LABORATORY			64	1,563		783	53
025 PHYSICAL THERAPY		1,499	64	1,563		949	53
026 OCCUPATIONAL THERAPY		1,499	64	1,563		174	53
027 SPEECH PATHOLOGY		1,499	64	1,563		183	53
029 MEDICAL SUPPLIES CHARGED						679	
030 DRUGS CHARGED TO PATIENTS							
OUTPATIENT SERVICE COST CENTERS							
035.50 FQHC							
OTHER REIMBURSABLE COST CENTERS						45	
048 AMBULANCE							
SPECIAL PURPOSE COST CENTERS							
050 CORF							
050.10 CMHC							
050.20 OUTPATIENT PHYSICAL THERA							
050.30 OUTPATIENT OCCUPATIONAL T							
050.40 OUTPATIENT SPEECH THERAPY							
057 SUBTOTALS		304,276	13,061	317,337		36,074	9,366
NONREIMBURSABLE COST CENTERS							
059 BARBER & BEAUTY SHOP		1,548	66	1,614		16	55
064 CROSS FOOT ADJUSTMENTS							
065 NEGATIVE COST CENTER							
075 TOTAL		305,824	13,127	318,951		36,090	9,421

COST CENTER		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		6	7	8	9	10	11	12
	GENERAL SERVICE COST CENTERS							
001	CAP REL COSTS - BLDGS & F							
002	CAP REL COSTS - MOVEABLE							
003	EMPLOYEE BENEFITS							
004	ADMINISTRATIVE & GENERAL							
005	PLANT OPERATION, MAINT. &							
006	LAUNDRY & LINEN SERVICE	10,177						
007	HOUSEKEEPING		5,805					
008	DIETARY		937	49,678				
009	NURSING ADMINISTRATION							
010	CENTRAL SERVICES & SUPPLY							
011	PHARMACY							282
012	MEDICAL RECORDS & LIBRARY							
013	SOCIAL SERVICE		237					
014	INTERNS & RESIDENTS (APPR							
	INPATIENT ROUTINE SERVICE CENTERS							253
016	SKILLED NURSING FACILITY	10,177	4,455	49,678				
018.10	ICF/MR							
	ANCILLARY SERVICE COST CENTERS							
021	RADIOLOGY							1
022	LABORATORY							6
025	PHYSICAL THERAPY		35					8
026	OCCUPATIONAL THERAPY		35					1
027	SPEECH PATHOLOGY		35					3
029	MEDICAL SUPPLIES CHARGED		35					10
030	DRUGS CHARGED TO PATIENTS							
	OUTPATIENT SERVICE COST CENTERS							
035.50	FQHC							
	OTHER REIMBURSABLE COST CENTERS							
048	AMBULANCE							
	SPECIAL PURPOSE COST CENTERS							
050	CORF							
050.10	CWIC							
050.20	OUTPATIENT PHYSICAL THERA							
050.30	OUTPATIENT OCCUPATIONAL T							
050.40	OUTPATIENT SPEECH THERAPY							282
057	SUBTOTALS	10,177	5,769	49,678				
	NONREIMBURSABLE COST CENTERS							
059	BARBER & BEAUTY SHOP		36					
064	CROSS FOOT ADJUSTMENTS							
065	NEGATIVE COST CENTER							282
075	TOTAL	10,177	5,805	49,678				

Health Financial Systems MCRIF32 FOR BLAIR HOUSE NURSING & REHAB CENTER IN LIEU OF FORM CMS-2540-96 (10/1999)  
 ALLOCATION OF CAPITAL-RELATED COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
 I 11-5334 I FROM 7/ 1/2007 I WORKSHEET B  
 I I TO 6/30/2008 I PART II

COST CENTER	SOCIAL SERVI CE	INTERNS & RE SIDENTS (APP	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	13	14	16	17	18
GENERAL SERVICE COST CENTERS					
001 CAP REL COSTS - BLDGS & F					
002 CAP REL COSTS - MOVEABLE					
003 EMPLOYEE BENEFITS					
004 ADMINISTRATIVE & GENERAL					
005 PLANT OPERATION, MAINT. &					
006 LAUNDRY & LINEN SERVICE					
007 HOUSEKEEPING					
008 DIETARY					
009 NURSING ADMINISTRATION					
010 CENTRAL SERVICES & SUPPLY					
011 PHARMACY					
012 MEDICAL RECORDS & LIBRARY					
013 SOCIAL SERVICE	12,279				
014 INTERNS & RESIDENTS (APPR					
INPATIENT ROUTINE SERVICE CENTERS					
016 SKILLED NURSING FACILITY	12,279		307,752		307,752
018.10 ICF/MR					
ANCILLARY SERVICE COST CENTERS					
021 RADIOLOGY			8		8
022 LABORATORY			25		25
025 PHYSICAL THERAPY			2,440		2,440
026 OCCUPATIONAL THERAPY			2,608		2,608
027 SPEECH PATHOLOGY			1,826		1,826
029 MEDICAL SUPPLIES CHARGED			1,837		1,837
030 DRUGS CHARGED TO PATIENTS			689		689
OUTPATIENT SERVICE COST CENTERS					
035.50 FQHC					
OTHER REIMBURSABLE COST CENTERS					
048 AMBULANCE			45		45
SPECIAL PURPOSE COST CENTERS					
050 CORF					
050.10 QWIC					
050.20 OUTPATIENT PHYSICAL THERA					
050.30 OUTPATIENT OCCUPATIONAL T					
050.40 OUTPATIENT SPEECH THERAPY					
057 SUBTOTALS	12,279		317,230		317,230
NONREIMBURSABLE COST CENTERS					
059 BARBER & BEAUTY SHOP			1,721		1,721
064 CROSS FOOT ADJUSTMENTS					
065 NEGATIVE COST CENTER					
075 TOTAL	12,279		318,951		318,951



## COST ALLOCATION - STATISTICAL BASIS

 PROVIDER NO:  
 11-5334

 PERIOD:  
 FROM 7/ 1/2007 TO 6/30/2008  
 PREPARED 6/ 5/2012 (11:34)  
 WORKSHEET B-1

COST CENTER	CAP REL COST S - BLDGS & (SQUARE FEET	CAP REL COST S - MOVEABLE (SQUARE FEET	EMPLOYEE BEN EFITS (GROSS SALARIES	RECONCILI- ATION	ADMINISTRATI VE & GENERAL ( ACCUM. COST	PLANT OPERAT ION, MAINT. (SQUARE FEET
0	1	2	3	4A	4	5
001 GENERAL SERVICE COST CENTERS	25,090					
002 CAP REL COSTS - BLDGS & F		25,090				
003 CAP REL COSTS - MOVEABLE			2,116,387			
004 EMPLOYEE BENEFITS	2,839	2,839	142,996	-578,659	3,737,068	
005 ADMINISTRATIVE & GENERAL	536	536	43,835		270,090	21,715
006 PLANT OPERATION, MAINT. &	702	702			98,160	702
007 LAUNDRY & LINEN SERVICE	351	351			123,337	351
008 HOUSEKEEPING	3,335	3,335	211,707		507,241	3,335
009 DIETARY						
010 NURSING ADMINISTRATION						
011 CENTRAL SERVICES & SUPPLY						
012 PHARMACY			23,058		29,242	
013 MEDICAL RECORDS & LIBRARY	845	845	68,042		96,624	845
014 SOCIAL SERVICE						
016 INTERNS & RESIDENTS (APPR						
018.10 INPATIENT ROUTINE SERVICE CENTERS	15,863	15,863	1,626,749		2,316,186	15,863
021 SKILLED NURSING FACILITY						
022 ICF/MR					795	
025 ANCILLARY SERVICE COST CENTERS					2,494	
026 RADIOLOGY					81,074	123
027 LABORATORY	123	123			98,267	123
029 PHYSICAL THERAPY	123	123			18,012	123
030 OCCUPATIONAL THERAPY	123	123			18,919	123
035.50 SPEECH PATHOLOGY	123	123			70,308	
048 MEDICAL SUPPLIES CHARGED						
050 DRUGS CHARGED TO PATIENTS						
050.10 OUTPATIENT SERVICE COST CENTERS						
050.20 FQHC					4,705	
050.30 OTHER REIMBURSABLE COST CENTERS						
050.40 AMBULANCE						
057 CORF						
059 CWHC						
065 OUTPATIENT PHYSICAL THERA						
066 OUTPATIENT OCCUPATIONAL T						
067 OUTPATIENT SPEECH THERAPY						
068 SPECIAL PURPOSE COST CENTERS	24,963	24,963	2,116,387	-578,659	3,735,454	21,588
069 SUBTOTALS					1,614	127
075 NONREIMBURSABLE COST CENTERS	127	127				
085 BARBER & BEAUTY SHOP						
086 CROSS FOOT ADJUSTMENT						
088 NEGATIVE COST CENTER						
089 COST TO BE ALLOCATED	305,824	13,127	341,981		578,659	311,912
095 (WRKSHT B, PART I)			.161587		.154843	
096 UNIT COST MULTIPLIER	12.189079	.523196			36,090	14.363896
097 (WRKSHT B, PT I)						9,421
098 COST TO BE ALLOCATED					.009657	
099 (WRKSHT B, PART II)						.433848
100 UNIT COST MULTIPLIER						
101 (WRKSHT B, PT II)						

COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(DIRECT NURSING)	(COSTED REQUIS)	(COSTED REQUIS)	(TIME SPENT)
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CENTERS							
002 CAP REL COSTS - BLDGS & F							
003 CAP REL COSTS - MOVEABLE							
004 EMPLOYEE BENEFITS							
005 ADMINISTRATIVE & GENERAL							
006 PLANT OPERATION, MAINT. & LAUNDRY & LINEN SERVICE	33,200						
007 HOUSEKEEPING		20,662					
008 DIETARY		3,335	102,582				
009 NURSING ADMINISTRATION							
010 CENTRAL SERVICES & SUPPLY							
011 PHARMACY							5,456,242
012 MEDICAL RECORDS & LIBRARY		845					
013 SOCIAL SERVICE							
014 INTERNS & RESIDENTS (APPR							
INPATIENT ROUTINE SERVICE CENTERS							4,903,654
016 SKILLED NURSING FACILITY	33,200	15,863	102,582				
018.10 ICF/MR							
ANCILLARY SERVICE COST CENTERS							1,913
021 RADIOLOGY							10,001
022 LABORATORY							120,260
025 PHYSICAL THERAPY		123					158,535
026 OCCUPATIONAL THERAPY		123					12,214
027 SPEECH PATHOLOGY		123					52,069
029 MEDICAL SUPPLIES CHARGED							197,596
030 DRUGS CHARGED TO PATIENTS							
OUTPATIENT SERVICE COST CENTERS							
035.50 FQHC							
OTHER REIMBURSABLE COST CENTERS							
048 AMBULANCE							
050 CORF							
050.10 CMHC							
050.20 OUTPATIENT PHYSICAL THERA							
050.30 OUTPATIENT OCCUPATIONAL T							
050.40 OUTPATIENT SPEECH THERAPY							
SPECIAL PURPOSE COST CENTERS							5,456,242
057 SUBTOTALS	33,200	20,535	102,582				
NONREIMBURSABLE COST CENTERS							
059 BARBER & BEAUTY SHOP		127					
064 CROSS FOOT ADJUSTMENT							
065 NEGATIVE COST CENTER							33,770
066 COST TO BE ALLOCATED	123,442	147,477	657,492				
(WRKSHT B, PART I)							
067 UNIT COST MULTIPLIER		7.137596					.006189
(WRKSHT B, PT I)	3.718133		6.409429				282
068 COST TO BE ALLOCATED	10,177	5,805	49,678				
(WRKSHT B, PART II)							
069 UNIT COST MULTIPLIER		.280951	.484276				.000052
(WRKSHT B, PT II)	.306536						

Health Financial Systems

MCRIF32

FOR BLAIR HOUSE NURSING &amp; REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (10/1999)

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 11-5334  
II PERIOD:  
I FROM 7/ 1/2007 I PREPARED 6/ 5/2012 (11:34)  
I TO 6/30/2008 I WORKSHEET B-1

COST CENTER	SOCIAL SERVI CE	INTERNS & RE SIDENTS (APP
	(TIME SPENT	(ASSIGNED )TIME )
	13	14
GENERAL SERVICE COST CENTERS		
001 CAP REL COSTS - BLDGS & F		
002 CAP REL COSTS - MOVEABLE		
003 EMPLOYEE BENEFITS		
004 ADMINISTRATIVE & GENERAL		
005 PLANT OPERATION, MAINT. &		
006 LAUNDRY & LINEN SERVICE		
007 HOUSEKEEPING		
008 DIETARY		
009 NURSING ADMINISTRATION		
010 CENTRAL SERVICES & SUPPLY		
011 PHARMACY		
012 MEDICAL RECORDS & LIBRARY		
013 SOCIAL SERVICE	34,194	
014 INTERNS & RESIDENTS (APPR		
INPATIENT ROUTINE SERVICE CENTERS		
016 SKILLED NURSING FACILITY	34,194	
018.10 ICF/MR		
ANCILLARY SERVICE COST CENTERS		
021 RADIOLOGY		
022 LABORATORY		
025 PHYSICAL THERAPY		
026 OCCUPATIONAL THERAPY		
027 SPEECH PATHOLOGY		
029 MEDICAL SUPPLIES CHARGED		
030 DRUGS CHARGED TO PATIENTS		
OUTPATIENT SERVICE COST CENTERS		
035.50 FQHC		
OTHER REIMBURSABLE COST CENTERS		
048 AMBULANCE		
050 CORF		
050.10 CHHC		
050.20 OUTPATIENT PHYSICAL THERA		
050.30 OUTPATIENT OCCUPATIONAL T		
050.40 OUTPATIENT SPEECH THERAPY		
SPECIAL PURPOSE COST CENTERS		
057 SUBTOTALS	34,194	
NONREIMBURSABLE COST CENTERS		
059 BARBER & BEAUTY SHOP		
064 CROSS FOOT ADJUSTMENT		
065 NEGATIVE COST CENTER		
066 COST TO BE ALLOCATED	129,754	
(PER WRKSHT B, PART I)		
067 UNIT COST MULTIPLIER	3.794642	
(WRKSHT B, PT I)	12,279	
068 COST TO BE ALLOCATED		
(PER WRKSHT B, PART II)		
069 UNIT COST MULTIPLIER	.359098	
(WRKSHT B, PT II)		



Health Financial Systems

MCRIF32

FOR BLAIR HOUSE NURSING &amp; REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (07/1999)

I PERIOD: I PREPARED 6/ 5/2012 (11:34)

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT

I PROVIDER NO:  
I 11-5334  
II FROM 7/ 1/2007 I WORKSHEET C  
I TO 6/30/2008 I

COST CENTER	TOTAL (FROM WKST 8, PT 1, COL 18) 1	TOTAL CHARGES 2	RATIO OF COST TO CHARGES 3
ANCILLARY SERVICE COST CENTERS	930	1,913	.486147
21 RADIOLOGY	2,942	10,001	.294171
22 LABORATORY	97,017	120,260	.806727
25 PHYSICAL THERAPY	117,109	158,535	.738695
26 OCCUPATIONAL THERAPY	23,522	12,214	1.925823
27 SPEECH PATHOLOGY	24,815	52,069	.476579
29 MEDICAL SUPPLIES CHARGED	82,418	197,596	.417104
30 DRUGS CHARGED TO PATIENTS			
OUTPATIENT SERVICE COST CENTERS			
35.50 FQHC	5,434		
48 AMBULANCE	354,187	552,588	
75 TOTAL			

Health Financial Systems

MCRIF32

FOR BLAIR HOUSE NURSING &amp; REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (12/1999)

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST AND  
REDUCTION OF THERAPY COST FOR TITLE XVIII

I PROVIDER NO:  
I 11-5334  
I  
I

I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
I FROM 7/ 1/2007 I WORKSHEET D  
I TO 6/30/2008 I PART I  
I  
I PPS

TITLE XVIII

SKILLED NURSING FACILITY

## PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

COST CENTER	RATIO OF COST TO CHARGES 1	HEALTH CARE PROGRAM CHARGES		HEALTH CARE PROGRAM COSTS	
		PART A 2	PART B 3	PART A 4	PART B 5
ANCILLARY SERVICE COST CENTERS					
21 RADIOLOGY	.486147	1,913		930	
22 LABORATORY	.294171	9,510		2,798	
25 PHYSICAL THERAPY	.806727	89,644		72,318	
26 OCCUPATIONAL THERAPY	.738695	118,271		87,366	
27 SPEECH PATHOLOGY	1.925823	6,816		13,126	
29 MEDICAL SUPPLIES CHARGED	.476579	2,923		1,393	
30 DRUGS CHARGED TO PATIENTS	.417104	192,055		80,107	
OUTPATIENT SERVICE COST CENTERS					
35.50 FQHC					
48 AMBULANCE		421,132		258,038	
75 TOTAL					

\* Line 48 columns 2 and 4 are for title V and XIX. No amounts should be entered here for title XVIII.

Health Financial Systems MCRIF32

FOR BLAIR HOUSE NURSING & REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (12/1999)  
I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
I FROM 7/ 1/2007 I WORKSHEET D  
I TO 6/30/2008 I PART I  
I  
I  
PPS

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST AND  
REDUCTION OF THERAPY COST FOR TITLE XVIII

I PROVIDER NO:  
I 11-5334  
I  
I

TITLE XVIII

SKILLED NURSING FACILITY

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

COST CENTER	TITLE XVIII CHARGES ON AND AFTER 1/1/1998 6	PT B THERAPY COSTS ON AND AFTER 1/1/1998 7	10% REDUCTION OF THERAPY 8	NET ALLOWABLE PART B COSTS 9
21 RADIOLOGY				
22 LABORATORY				
25 PHYSICAL THERAPY				
26 OCCUPATIONAL THERAPY				
27 SPEECH PATHOLOGY				
29 MEDICAL SUPPLIES CHARGED				
30 DRUGS CHARGED TO PATIENTS				
35.50 FQHC				
48 AMBULANCE				
75 TOTAL				

\* Line 48 columns 2 and 4 are for title V and XIX. No amounts should be entered here for title XVIII.



TITLE XVIII

.417104

- PART III - CALCULATION OF PASS THROUGH COSTS FOR INTERNS AND RESIDENTS

2540-96 18.20.130.0

Health Financial Systems MCRIF32 FOR BLAIR HOUSE NURSING & REHAB CENTER  
COMPUTATION OF INPATIENT ROUTINE COST

I PROVIDER NO:  
I 11-5334  
I  
I

IN LIEU OF FORM CMS-2540-96 (12/1999)  
I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
I FROM 7/ 1/2007 I WORKSHEET D-1  
I TO 6/30/2008 I PARTS I & II  
I I

TITLE XVIII SNF  
PART I - CALCULATION OF INPATIENT ROUTINE COSTS

INPATIENT DAYS

1 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS  
2 PRIVATE ROOM DAYS  
3 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM  
4 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM  
5 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST

34,194 → 34,496  
2,116  
3,956,946 → 5,555,355

- 2010 virtually same  
Days

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

6 GENERAL INPATIENT ROUTINE SERVICE CHARGES  
7 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO  
8 ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS  
9 AVERAGE PRIVATE ROOM PER DIEM CHARGE  
10 ENTER SEMI-PRIVATE ROOM CHARGES FROM YOUR RECORDS  
11 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE  
12 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL  
13 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL  
14 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT  
15 GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL

4,903,654  
.806938  
3,956,946

PROGRAM INPATIENT ROUTINE SERVICE COSTS

16 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
17 PROGRAM ROUTINE SERVICE COST  
18 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
19 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST  
20 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
21 PER DIEM CAPITAL RELATED COSTS  
22 PROGRAM CAPITAL RELATED COST  
23 INPATIENT ROUTINE SERVICE COST  
24 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
25 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
26 ENTER THE PER DIEM LIMITATION  
27 INPATIENT ROUTINE SERVICE COST LIMITATION  
28 REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS

115.72 → 161.04  
244,864 → 640,492.7  
244,864  
307,752  
9.00  
19,044  
225,820  
225,820  
244,864

- 2010

NOTE: Lines 26 and 27 will not be used for reporting periods beginning on and after 7/1/98.

PART II - CALCULATION OF INPATIENT INTERN AND RESIDENTS COST FOR PPS PASSTHROUGH  
>> FOR COST REPORTING PERIODS BEGINNING ON AND AFTER 07/01/98 <<

1 TOTAL INPATIENT DAYS  
2 PROGRAM INPATIENT DAYS  
3 INTERN AND RESIDENT COST  
4 RATIO OF PROGRAM DAYS TO TOTAL DAYS  
5 PROGRAM INTERN AND RESIDENT COST FOR PASSTHROUGH

34,194  
2,116  
.061882

Health Financial Systems

MCRIF32

FOR BLAIR HOUSE NURSING &amp; REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (12/1999)

I PERIOD: I PREPARED 6/ 5/2012 (11:34)

APPORTIONMENT OF COST OF SERVICES RENDERED  
BY INTERNS AND RESIDENTSI PROVIDER NO:  
I 11-5334  
II FROM 7/ 1/2007 I WORKSHEET D-2  
I TO 6/30/2008 I PARTS I & II

COST CENTER	PERCENT OF ASSIGNED TIME 1	EXPENSE 2	TOTAL INPAT DAYS 3	AVERAGE COST PER DAY 4	HEALTH CARE TITLE V 5
1 TOTAL COST SERV RENDERED					
2 SNF INPATIENT ROUTINE SERVICES			34,194		
3 SNF					
4 NURSING FACILITY					
4.10 ICF/MR					
5 OTHER LONG TERM CARE					
6 ADMINISTRATIVE & GENERAL					
7					
8 CORF					
8.10 CHHC					
8.20 OUTPATIENT PHYSICAL THERA					
8.30 OUTPATIENT OCCUPATIONAL T					
8.40 OUTPATIENT SPEECH THERAPY					
9 AMBULATORY SURG. CENTER					
10 HOSPICE					
11					
12 SUBTOTAL (LN 2-11)					
SNF OUTPATIENT SERVICES:					
13 CLINIC					
14 RURAL HEALTH CLINIC					
14.50 FQHC					
15 SUBTOTAL (LN 13 & 14)					
16 TOTAL (SUM OF 12 & 15)					
PART II - IN AN APPROVED PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)					
	EXP ALLOC TO COST CENTERS 1	TTL INPATHT DAYS 2	AVERAGE COST PER DAY 3	TITLE XVIII PART B DAYS 4	EXP. APPLIC. TO TITLE XVIII 5
17 SNF		34,194			
18					
19					
20 TOTAL (SUM LNS 17 - 19)					



COST CENTER		HEALTH CARE PROG TITLE XVIII PART B 6	INPAT DAYS TITLE XIX 7	TITLE V 8	TITLE XVIII PART B 9	TITLE XIX 10
1	TOTAL COST SERV RENDERED					
2	SNF INPATIENT ROUTINE SERVICES					
3	SNF		29,903			
4	NURSING FACILITY					
4.10	ICF/MR					
5	OTHER LONG TERM CARE					
6	ADMINISTRATIVE & GENERAL					
7						
8	CORF					
8.10	CMHC					
8.20	OUTPATIENT PHYSICAL THERA					
8.30	OUTPATIENT OCCUPATIONAL T					
8.40	OUTPATIENT SPEECH THERAPY					
9	AMBULATORY SURG. CENTER					
10	HOSPICE					
11						
12	SUBTOTAL (LN 2-11)					

PART II - IN AN APPROVED PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

2540-96 18,20.130,0

Health Financial Systems MCRIF32 FOR BLAIR HOUSE NURSING & REHAB CENTER IN LIEU OF FORM CMS-2540-96 (04/2006)  
 CALCULATION OF REIMBURSEMENT SETTLEMENT I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
 I 11-5334 I FROM 7/ 1/2007 I WORKSHEET E  
 I I TO 6/30/2008 I PART III  
 I I I

PART III - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES

	TITLE XVIII	SNF
1	INPATIENT ANCILLARY SERVICES-PART A (SEE INSTRUCTIONS)	
2	INTERNS & RESIDENTS AND MEDICAL EDUCATION COST FOR TITLE XVIII (SEE INSTRUCTIONS)	
3	TOTAL COSTS	
4	MEDICARE INPATIENT ANCILLARY CHARGES (SEE INSTRUCTIONS)	
5	INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS)	
6	COST OF COVERED SERVICES	
7	INPATIENT PPS AMOUNT (SEE INSTRUCTIONS)	774,009
8	PRIMARY PAYOR AMOUNTS	194,185
9	COINSURANCE	136,076
10	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)	
10.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEFORE 10/01/2005 (SEE INSTRUCTIONS)	121,816
10.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	131,798
10.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON & AFTER 10/01/2005 (INSTR)	
10.04	RECOVERY OF REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
11	UTILIZATION REVIEW	
12	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
13	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF ASSETS	711,622
14	SUBTOTAL (SEE INSTRUCTIONS)	
15	SEQUESTRATION ADJUSTMENT	
16	INTERIM PAYMENTS (SEE INSTRUCTIONS)	
16.01	TENTATIVE ADJUSTMENT (FI ONLY)	
16.20	OTHER ADJUSTMENTS (SPECIFY)	711,622
17	BALANCE DUE PROVIDER/PROGRAM	
18	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2)	

PART B - ANCILLARY SERVICES COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

19	ANCILLARY SERVICES PART B	
20	VACCINE COST (FROM WKST D, PART II, LINE 3)	
21	INTERN AND RESIDENT COST (FROM WORKSHEET D-2)	
22	TOTAL REASONABLE COSTS (SUM OF LINES 19 TO 21)	
23	MEDICARE PART B ANCILLARY CHARGES (SEE INSTRUCTIONS)	
24	INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS)	
25	COST OF COVERED SERVICES	
26	PRIMARY PAYOR AMOUNTS	
27	COINSURANCE AND DEDUCTIBLES	
28	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)	
29	RECOVERY OF UNREIMBURSED COST UNDER THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES	
30	80% OF RECOVERY OF UNREIMBURSED COST UNDER THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES	
31	DECREASE IN PROGRAM UTILIZATION	
32	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF ASSETS	
33	SUBTOTAL	
34	SEQUESTRATION AMOUNT	
35	INTERIM PAYMENTS (SEE INSTRUCTIONS)	
36.01	TENTATIVE ADJUSTMENT (FI ONLY)	
36.20	OTHER ADJUSTMENTS (SPECIFY)	
37	BALANCE DUE PROVIDER/PROGRAM	
38	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2)	

Health Financial Systems

MCRIF32

FOR BLAIR HOUSE NURSING &amp; REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (10/1996)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:

I 11-5334

I

I PERIOD:

I FROM 7/ 1/2007 I

I TO 6/30/2008 I

I PREPARED 6/ 5/2012 (11:34)

I WORKSHEET E-1

DESCRIPTION	INPATIENT-PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		579,824		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE".		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
PROGRAM TO PROVIDER	.01	107,200		
	.02			
	.03			
	.04			
	.05			
PROVIDER TO PROGRAM	.50			
	.51			
	.52			
	.53			
	.54			
SUBTOTAL	.99	107,200		NONE
4 TOTAL INTERIM PAYMENTS		687,024		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
PROGRAM TO PROVIDER	.01			
	.02			
	.03			
PROVIDER TO PROGRAM	.50			
	.51			
	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT		711,622		
PROGRAM TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.50			
7 TOTAL MEDICARE PROGRAM LIABILITY		1,398,646		

NAME OF INTERMEDIARY:  
INTERMEDIARY NO: 52280

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

- (1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE "PROVIDER TO PROGRAM," SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.



Health Financial Systems

MCRIF32

FOR BLAIR HOUSE NURSING &amp; REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (07/1996)

BALANCE SHEET

I PROVIDER NO:  
I 11-5334  
II PERIOD: I PREPARED 6/ 5/2012 (11:34)  
I FROM 7/ 1/2007 I  
I TO 6/30/2008 I WORKSHEET G

LINE NO		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	ASSETS				
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	500			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	799,418			
5	OTHER RECEIVABLES	749,285			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-317,505			
7	INVENTORY	10,190			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	79,826			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	1,321,714			
	FIXED ASSETS				
12	LAND				
13	LAND IMPROVEMENTS				
14	LESS: ACCUMULATED DEPRECIATION				
15	BUILDINGS				
16	LESS: ACCUMULATED DEPRECIATION				
17	LEASEHOLD IMPROVEMENTS				
18	LESS: ACCUMULATED AMORTIZATION				
19	FIXED EQUIPMENT				
20	LESS: ACCUMULATED DEPRECIATION	41,398			
21	AUTOMOBILES AND TRUCKS	-41,398			
22	LESS: ACCUMULATED DEPRECIATION				
23	MAJOR MOVABLE EQUIPMENT				
24	LESS: ACCUMULATED DEPRECIATION				
25	MINOR EQUIPMENT NONDEPRECIABLE				
26	OTHER FIXED ASSETS				
27	TOTAL FIXED ASSETS				
	OTHER ASSETS				
28	INVESTMENTS				
29	DEPOSITS ON LEASES				
30	DUE FROM OWNERS/OFFICERS	48,906			
31	OTHER ASSETS	48,906			
32	TOTAL OTHER ASSETS	1,370,620			
33	TOTAL ASSETS				
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LINE NO	LIABILITIES AND FUND BALANCE				
	CURRENT LIABILITIES				
34	ACCOUNTS PAYABLE	299,240			
35	SALARIES, WAGES & FEES PAYABLE	43,067			
36	PAYROLL TAXES PAYABLE	8,697			
37	NOTES AND LOANS PAYABLE (SHORT TERM)				
38	DEFERRED INCOME				
39	ACCELERATED PAYMENTS				
40	DUE TO OTHER FUNDS				
41	OTHER CURRENT LIABILITIES	1,340,366			
42	TOTAL CURRENT LIABILITIES	1,691,370			
	LONG TERM LIABILITIES				
43	MORTGAGE PAYABLE				
44	NOTES PAYABLE				
45	UNSECURED LOANS				
46	LOANS FROM A. PRIOR TO 7/1/66 OWNERS B. ON OR AFTER 7/1/66	27,000			
47	OTHER LONG TERM LIABILITIES				
48		27,000			
49	TOTAL LONG-TERM LIABILITIES	1,718,370			
50	TOTAL LIABILITIES				
	CAPITAL ACCOUNTS				
51	GENERAL FUND BALANCE	-347,750			
52	SPECIFIC PURPOSE FUND BALANCE				
53	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
54	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
55	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
56	PLANT FUND BALANCE-INVESTED IN PLANT				
57	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
58	TOTAL FUND BALANCES	-347,750			
59	TOTAL LIABILITIES AND FUND BALANCES	1,370,620			

Health Financial Systems MCRIF32  
STATEMENT OF CHANGES IN FUND BALANCES

FOR BLAIR HOUSE NURSING & REHAB CENTER  
I PROVIDER NO:  
I 11-5334  
I

IN LIEU OF FORM CHS-2540-96 (07/1996)  
I PERIOD: I PREPARED 6/ 5/2012 (11:34)  
I FROM 7/ 1/2007 I WORKSHEET G-1  
I TO 6/30/2008 I

	GENERAL FUND	SPECIFIC PURPOSE FUND
1 FUND BALANCE AT BEGINNING	-122,302	
2 OF PERIOD		
3 NET INCOME (LOSS)	-236,521	
4 TOTAL	-358,823	
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 PRIOR YEAR ADJUSTMENTS	11,073	
7		
8		
9		
10 TOTAL ADDITIONS	11,073	
11 SUBTOTAL	-347,750	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS	-347,750	
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 PRIOR YEAR ADJUSTMENTS		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		

Health Financial Systems

MCRIF32

FOR BLAIR HOUSE NURSING &amp; REHAB CENTER

IN LIEU OF FORM CMS-2540-96 (07/1996)

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO:

I 11-5334

I

I PERIOD: I PREPARED 6/ 5/2012 (11:34)

I FROM 7/ 1/2007 I WORKSHEET G-2

I TO 6/30/2008 I

REVENUE CENTER	PART I - PATIENT REVENUES	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 SKILLED NURSING FACILITY		4,903,654		4,903,654
3 NURSING FACILITY				
3.10 ICF/MR				
4 OTHER LONG TERM CARE				
5 TOTAL GENERAL INPATIENT CARE SERVICES		4,903,654		4,903,654
ALL OTHER CARE SERVICES				
6 ANCILLARY SERVICES		552,588		552,588
7 CLINIC				
8 HOME HEALTH AGENCY				
9				
10 AMBULANCE				
11 HOSPICE				
12 OUTPATIENT REHAB PROVIDER				
12.10 CMHC				
12.20 OUTPATIENT PHYSICAL THERA				
12.30 OUTPATIENT OCCUPATIONAL T				
12.40 OUTPATIENT SPEECH THERAPY				
13				
14 TOTAL PATIENT REVENUES		5,456,242		5,456,242
	PART II-OPERATING EXPENSES			
1 TOTAL OPERATING EXPENSES				5,338,054
2 ADD (SPECIFY)				
3				
4				
5				
6				
7				
8 TOTAL ADDITIONS				
9 DEDUCT (SPECIFY)				
10				
11				
12				
13				
14 TOTAL DEDUCTIONS				
15 TOTAL OPERATING EXPENSES				5,338,054



## STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO:

I 11-5334

I

I PERIOD:

I FROM 7/ 1/2007 I

I TO 6/30/2008 I

I PREPARED 6/ 5/2012 (11:34)

I WORKSHEET G-3

1	TOTAL PATIENT REVENUES	5,456,242
2	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	362,929
3	NET PATIENT REVENUES	5,093,313
4	LESS: TOTAL OPERATING EXPENSES	5,338,054
5	NET INCOME FROM SERVICE TO PATIENTS	-244,741
6	OTHER INCOME:	
7	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
8	INCOME FROM INVESTMENTS	155
9	REVENUES FROM TELEPHONE AND TELEGRAPH SERVICE	
10	REVENUE FROM TELEVISION AND RADIO SERVICE	
11	PURCHASE DISCOUNTS	
12	REBATES AND REFUNDS OF EXPENSES	
13	PARKING LOT RECEIPTS	
14	REVENUE FROM LAUNDRY AND LINEN SERVICE	
15	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	7,494
16	REVENUE FROM RENTAL OF LIVING QUARTERS	
17	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
19	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
20	TUITION (FEES, SALES OF TEXTBOOKS, UNIFORMS ETC)	
21	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	
22	RENTAL OF VENDING MACHINES	
23	RENTAL OF SKILLED NURSING SPACE	
24	GOVERNMENTAL APPROPRIATIONS	
25	MISCELLANEOUS INCOME	571
26	TOTAL OTHER INCOME	8,220
27	TOTAL	-236,521
28		
29		
30		
31	TOTAL OTHER EXPENSES	
32	NET INCOME (OR LOSS) FOR THE PERIOD	-236,521

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

SKILLED NURSING FACILITY AND  
SKILLED NURSING FACILITY HEALTH  
CARE COMPLEX COST REPORT

I PROVIDER NO  
I 11-5334  
I

I PERIOD  
I FROM 7/ 1/2009 I WORKSHEET S  
I TO 6/30/2010 I PARTS I & II

INTERMEDIARY I [ ] AUDITED  
USE ONLY: I [ X ] DESK REVIEWED

I DATE RECEIVED 12/23/2010  
I INTERMEDIARY NO, 52280

I [ ] INITIAL [ ] RE-OPENED  
I [ ] FINAL

## PART I - CERTIFICATION

[ X ] ELECTRONIC FILED COST REPORT  
[ ] MANUALLY SUBMITTED COST REPORT

DATE: 6/ 5/2012  
TIME: 11:42

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THE COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
(PROVIDER NAME(S) AND NUMBER(S))

UNIHEALTH POST-ACUTE CARE OF AGUSTA 11-5334  
FOR THE COST REPORT PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

## PART II - SETTLEMENT SUMMARY

	TITLE V 1	A 2	TITLE XVIII B 3	TITLE XIX 4
1 SKILLED NURSING FACILITY	0	0	0	0
2				
3 NURSING FACILITY	0			0
3.10 ICF/MR	0			0
4 SNF-BASED H H A I		0	0	
7 TOTAL	0	0	0	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated to average 64 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

EXHIBIT

13

Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (04/2006)  
 SKILLED NURSING FACILITY HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 IDENTIFICATION DATA I 11-5334 I FROM 7/ 1/2009 I WORKSHEET S-2  
 I TO 6/30/2010 I

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

1 STREET: 2541 MILLEDGEVILLE ROAD P.O. BOX:  
 2 CITY: AUGUSTA STATE: GA ZIP CODE: 30904  
 3 COUNTY: RICHMOND MSA: CBSA: 12260 URBAN / RURAL: U

3.10 FACILITY SPECIFIC RATE: 0.00 2  
 3.10 TRANSITION PERIOD - ENTER 1,2,3 OR 100: 100  
 3.20 WAGE INDEX ADJUSTMENT FACTOR: BEFORE OCTOBER 1 0.9615  
 3.20 WAGE INDEX ADJUSTMENT FACTOR: AFTER SEPTEMBER 30 0.9409

SNF AND SNF-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, D OR N)
4.00 SNF	UNIHEALTH POST-ACUTE CARE OF AGUSTA	11-5334	2.01	12/ 1/2008	N P N

13 COST REPORTING PERIOD (mm/dd/yyyy) FROM: 7/ 1/2009 TO: 06/30/2010

14 TYPE OF CONTROL (SEE INSTRUCTIONS) 4

TYPE OF FREESTANDING SKILLED NURSING FACILITY

15 IS THIS AN ENTIRELY PARTICIPATING SKILLED NURSING FACILITY? Y

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I LINE 1 COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES, OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

	%	Y/N
15.01 STAFFING	31.55	Y
15.02 RECRUITMENT	0.00	N
15.03 RETENTION	0.00	N
15.04 TRAINING	0.00	N
15.05 OTHER (SPECIFY)	0.00	N
16 IS THIS A PARTIALLY PARTICIPATING SKILLED NURSING FACILITY?	N	
17 IS THIS SKILLED NURSING FACILITY UNIT OF A DOMICILIARY INSTITUTION?	N	
18 IS THIS SKILLED NURSING FACILITY UNIT OF A REHABILITATION CENTER?	N	
19 OTHER (SPECIFY)	N	

MISCELLANEOUS COST REPORTING INFORMATION

20 IF THIS IS A LOW OR NO MEDICARE UTILIZATION COST REPORT, ENTER "L" FOR LOW MEDICARE UTILIZATION, OR "N" FOR NO MEDICARE UTILIZATION.  
 21 IF THIS IS AN ALL-INCLUSIVE PROVIDER, ENTER THE METHOD USED. (SEE INSTRUCTION)  
 22 IS THE DIFFERENCE BETWEEN TOTAL INTERIM PAYMENTS AND THE NET COST COVERED SERVICE INCLUDED IN THE BALANCE SHEET? N

DEPRECIATION ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED

23 STRAIGHT LINE	6,560
24 DECLINING BALANCE	
25 SUM OF THE YEAR'S DIGITS	
26 SUM OF LINE 23 THRU 25	6,560
27 IF DEPRECIATION IS FUNDED, ENTER THE BALANCE AS OF THE END OF THE PERIOD.	
28 WERE THERE ANY DISPOSALS OF CAPITAL ASSETS DURING THE COST REPORTING PERIOD?	N
29 WAS ACCELERATED DEPRECIATION CLAIMED ON ANY ASSETS IN THE CURRENT OR ANY PRIOR COST REPORTING PERIOD?	N
30 WAS ACCELERATED DEPRECIATION CLAIMED ON ASSETS ACQUIRED ON OR AFTER AUGUST 1, 1970 (SEE PRM 15-I, CHAPTER 1) ?	N
31 DID YOU CEASE TO PARTICIPATE IN THE MEDICARE PROGRAM AT END OF THE PERIOD TO WHICH THIS COST REPORT APPLIES. (SEE PRM 15-I, CHAPTER 1)?	N
32 WAS THERE A SUBSTANTIAL DECREASE IN HEALTH INSURANCE PROPORTION OF ALLOWABLE COST FROM PRIOR COST REPORTING PERIODS. (SEE PRM 15-I, CHAPTER 1)?	N



Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (04/2006)  
 SKILLED NURSING FACILITY HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 IDENTIFICATION DATA I 11-5334 I FROM 7/ 1/2009 I WORKSHEET S-2  
 I TO 6/30/2010 I

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

	PART A	PART B	OTHER
33 SNF	N	N	

		YES / NO	
41	IS THIS SKILLED NURSING FACILITY EXEMPT FROM THE COST LIMITS?	NO	
42	IS THIS NURSING FACILITY EXEMPT FROM THE COST LIMITS?	NO	
43	IS THE SKILLED NURSING FACILITY LOCATED IN A STATE THAT CERTIFIES THE PROVIDER AS A SNF REGARDLESS OF THE LEVEL OF CARE GIVEN FOR TITLES V AND XIX PATIENTS?	NO	
44	DID THE PROVIDER PARTICIPATE IN THE NHCMQ DEMONSTRATION DURING THE COST REPORTING PERIOD? IF YES, ENTER PHASE #	NO	
45	LIST MALPRACTICE PREMIUMS AND PAID LOSSES:		
	PREMIUMS: 77,495		
	PAID LOSSES: 0		
	SELF INSURANCE: 0		
46	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, CHECK BOX, AND SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO	
47	ARE YOU CLAIMING AMBULANCE COSTS?	1 NO	2 NO
48.00	IF LINE 47 IS YES, IN COL 1 ENTER THE PAYMENT LIMIT PROVIDED FROM YOUR INTERMEDIARY FOR THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COL 2 THE FEE SCHEDULE FOR THE DATE INDICATED IF APPLICABLE (DATE ON OR AFTER 4/1/2002), BUT NOT IF LINE 47, COL 2 IS YES.	0 0 0000	0.00 0
48.01	IF SECOND LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2, IF APPLICABLE, FOR DATE INDICATED.		0.00 0
48.02	IF THIRD LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2, IF APPLICABLE, FOR DATE INDICATED.		0.00 0
48.03	IF FOURTH LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2, IF APPLICABLE, FOR DATE INDICATED.		0.00 0
49	DID YOU OPERATE AN ICF/MR UNDER TITLE XIX? Y/N	NO	
50	DID THIS FACILITY REPORT LESS THAN 1500 MEDICARE DAYS IN ITS PREVIOUS YEAR'S COST REPORT?	NO	
51	IF LINE 50 IS YES, DID YOU FILE YOUR PREVIOUS YEARS COST REPORT USING THE "SIMPLIFIED" STEP-DOWN METHOD OF COST FINDING?	NO	
52	IS THIS COST REPORT BEING FILED UNDER 42 CFR 413.321, THE "SIMPLIFIED" COST REPORT?	NO	
RELATED ORGANIZATION OR HOME OFFICE COSTS	1 Y	2 HO9013	3
53	ARE THERE ANY RELATED ORGANIZATIONS OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10? IF YES, AND THERE ARE COSTS FOR EITHER, ENTER THE APPLICABLE PROVIDER NUMBER IN COLUMN 2.		
54	IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME IN COLUMN 1, THE FI/CONTRACTOR NAME IN COLUMN 2 AND THE FI/CONTRACTOR NUMBER IN COLUMN 3.	PRUITT CORPORATION	WPS HO-901
55	ENTER THE STREET ADDRESS IN COLUMN 1 OR THE PO BOX IN COLUMN 2.	409 EAST DOYLE STREET	
56	ENTER THE CITY IN COLUMN 1, THE STATE IN COLUMN 2, AND THE ZIP CODE IN COLUMN 3.	TOCCOA GA	30577

		NO. OF BEDS 1	BED DAYS AVAILABLE 2	TITLE V 3	INPATIENT DAYS		OTHER 6
COMPONENT					TITLE XVIII 4	TITLE XIX 5	
1	SKILLED NURSING FACILITY	100	36,500		3,980	26,910	3,606
3	NURSING FACILITY						
4	OTHER LONG TERM CARE						
5	HOME HEALTH AGENCY						
7	CORF						
8	HOSPICE						
9	TOTAL	100	36,500		3,980	26,910	3,606
10	AMBULANCE TRIPS (07/01/20						

		INPAT DAYS	DISCHARGES				
COMPONENT		TOTAL 7	TITLE V 8	TITLE XVIII 9	TITLE XIX 10	OTHER 11	TOTAL 12
1	SKILLED NURSING FACILITY	34,496		39	48	30	117
3	NURSING FACILITY						
4	OTHER LONG TERM CARE						
5	HOME HEALTH AGENCY						
7	CORF						
8	HOSPICE						
9	TOTAL	34,496		39	48	30	117
10	AMBULANCE TRIPS (07/01/20						

		AVERAGE LENGTH OF STAY			ADMISSIONS		
COMPONENT		TITLE V 13	TITLE XVIII 14	TITLE XIX 15	TOTAL 16	TITLE V 17	TITLE XVIII 18
1	SKILLED NURSING FACILITY		102.05	560.63	294.84		69
3	NURSING FACILITY						
4	OTHER LONG TERM CARE						
5	HOME HEALTH AGENCY						
7	CORF						
8	HOSPICE						
9	TOTAL		102.05	560.63	294.84		69
10	AMBULANCE TRIPS (07/01/20						

		ADMISSIONS			FULL TIME EQUIVALENT	
COMPONENT		TITLE XIX 19	OTHER 20	TOTAL 21	EMPLOYEES ON PAYROLL 22	NONPAID WORKERS 23
1	SKILLED NURSING FACILITY	25	19	113	95.00	
3	NURSING FACILITY					
4	OTHER LONG TERM CARE					
5	HOME HEALTH AGENCY					
7	CORF					
8	HOSPICE					
9	TOTAL	25	19	113	95.00	
10	AMBULANCE TRIPS (07/01/20					

Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (07/1996)  
 SNF WAGE INDEX INFORMATION I PROVIDER NO: I PERIOD: I PREPARED 5/ 5/2012 (11:42)  
 SKILLED NURSING FACILITY HEALTH CARE COMPLEX I 11-5334 I FROM 7/ 1/2009 I WORKSHEET S-3  
 STATISTICAL DATA I I TO 6/30/2010 I PART II

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 TOTAL SALARY	2,680,600		2,680,600	198,408.00	13.51	
2 PHYSICIAN SALARIES - PART A						
3 PHYSICIAN SALARIES - PART B						
4 INTERNS & RESIDENTS (APPROVED)						
5 HOME OFFICE PERSONNEL						
6 SUM OF LINES 2 THRU 5						
7 REVISED WAGES (L1 MINUS L6)	2,680,600		2,680,600	198,408.00	13.51	
8 OTHER LONG TERM CARE						
9 OTHER INPATIENT ROUTINE SERVICE						
10 INTERNS & RESIDENTS (NOT IN APPROVED PRGM)						
11 HHA						
12 CORF AND CMHC						
13 HOSPICE						
14 NON-REIMBURSABLE						
15 TOTAL EXCLUDED SALARY						
16 SUBTOTAL	2,680,600		2,680,600	198,408.00	13.51	
17 CONTRACT LABOR: PATIENT						CMS 339
18 HOME OFFICE SALARIES & WAGE RELATED COSTS						
19 WAGE RELATED COSTS (CORE)	624,874		624,874			CMS 339
20 WAGE RELATED COSTS (OTHER)						CMS 339
21 WAGE RELATED COSTS (EXCLUDED)						CMS 339
22 SUBTOTAL	624,874		624,874		.2331	
23 TOTAL	3,305,474		3,305,474	198,408.00	16.66	
24 CONTRACT LABOR: PHYSICIAN SERVICES PART A						



Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (07/1996)  
 SNF WAGE INDEX INFORMATION I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 SKILLED NURSING FACILITY HEALTH CARE COMPLEX I 11-5334 I FROM 7/ 1/2009 I WORKSHEET S-3  
 STATISTICAL DATA I I TO 6/30/2010 I PART III

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5
1 EMPLOYEE BENEFITS					
2 ADMINISTRATIVE & GENERAL	165,009		165,009	6,799.00	24.27
3 PLANT OPERATION, MAINT. & REPAIRS	47,674		47,674	4,040.00	11.80
4 LAUNDRY & LINEN SERVICE	47,769		47,769	6,283.00	7.60
5 HOUSEKEEPING	158,082		158,082	17,448.00	9.06
6 DIETARY	218,578		218,578	21,239.00	10.29
7 NURSING ADMINISTRATION	81,682		81,682	2,113.00	38.66
8 CENTRAL SERVICES & SUPPLY					
9 PHARMACY					
10 MEDICAL RECORDS & LIBRARY	25,823		25,823	1,979.00	13.05
11 SOCIAL SERVICE	62,850		62,850	3,563.00	17.64
12 INTERNS & RESIDENTS (APPRVD PROG)					
13 ACTIVITIES	24,383		24,383	2,076.00	11.75
14 TOTAL (SUM LINES 1 THRU 13)	831,850		831,850	65,540.00	12.69

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATAI PROVIDER NO:  
I 11-5334  
II PERIOD: I PREPARED 6/ 5/2012 (11:42)  
I FROM 7/ 1/2009 I WORKSHEET 5-7  
I TO 6/30/2010 I PART IV

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
001	RUC		207				
002	RUB		248				
003	RUA		91				
003 .01	RUX		123				
003 .02	RUL		133				
004	RVC		181				
005	RVB		376				
006	RVA		190				
006 .01	RVX		290				
006 .02	RVL		137				
007	RHC		379				
008	RHB		36				
009	RHA		99				
009 .01	RHX						
009 .02	RHL						
010	RMC		81				
011	RMB		194				
012	RMA		109				
012 .01	RMX		566				
012 .02	RML		310				
013	RLB						
014	RLA						
014 .01	RLX						
015	SE3		2				
016	SE2		31				
017	SE1						
018	SSC						
019	SSB		11				
020	SSA		31				
021	CC2						
022	CC1		20				
023	CB2						
024	CB1		39				
025	CA2						
026	CA1		71				
027	IB2						
028	IB1						
029	IA2						
030	IA1		14				
031	BB2						
032	BB1						
033	BA2						
034	BA1						
035	PE2						
036	PE1						
037	PD2						
038	PD1						
039	PC2		11				
040	PC1						
041	PB2						
042	PB1						
043	PA2						
044	PA1						
045							
045 .01	ES3						
045 .02	ES2						
045 .03	ES1						
045 .04	HE2						
045 .05	HE1						
045 .06	HD2						
045 .07	HD1						
045 .08	HC2						
045 .09	HC1						
045 .10	HB2						
045 .11	HB1						
045 .12	LE2						
045 .13	LE1						
045 .14	LD2						
045 .15	LD1						
045 .16	LC2						
045 .17	LC1						
045 .18	LB2						
045 .19	LB1						
045 .20	CE2						
045 .21	CE1						
045 .22	CD2						
045 .23	CD1						
046	TOTAL		3,980				

(1) The RUG III category represents the PPS period. Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on or after October 1st.

Health Financial Systems MCRIF32

FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA

IN LIEU OF FORM CMS-2540-96 (08/2010)

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATAI PROVIDER NO:  
I 11-5334  
II PERIOD: I PREPARED 6/ 5/2012 (11:42)  
I FROM 7/ 1/2009 I WORKSHEET S-7  
I TO 6/30/2010 I PART IV

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Wage Index Factor (before 10/01): 0.9615  
 Wage Index Factor (after 10/01): 0.9409  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : 12260

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	TOTAL
1	2	4.05	5

001 RUC  
 002 RUB  
 003 RUA  
 003 .01 RUX  
 003 .02 RUL  
 004 RVC  
 005 RVB  
 006 RVA  
 006 .01 RVX  
 006 .02 RVL  
 007 RHC  
 008 RHB  
 009 RHA  
 009 .01 RHX  
 009 .02 RHL  
 010 RMC  
 011 RMB  
 012 RMA  
 012 .01 RMX  
 012 .02 RML  
 013 RLB  
 014 RLA  
 014 .01 RLX  
 015 SE3  
 016 SE2  
 017 SE1  
 018 SSC  
 019 SSB  
 020 SSA  
 021 CC2  
 022 CC1  
 023 CB2  
 024 CB1  
 025 CA2  
 026 CA1  
 027 IB2  
 028 IB1  
 029 IA2  
 030 IA1  
 031 BB2  
 032 BB1  
 033 BA2  
 034 BA1  
 035 PE2  
 036 PE1  
 037 PD2  
 038 PD1  
 039 PC2  
 040 PC1  
 041 PB2  
 042 PB1  
 043 PA2  
 044 PA1  
 045  
 045 .01 ES3  
 045 .02 ES2  
 045 .03 ES1  
 045 .04 HE2  
 045 .05 HE1  
 045 .06 HD2  
 045 .07 HD1  
 045 .08 HC2  
 045 .09 HC1  
 045 .10 HB2  
 045 .11 HB1  
 045 .12 LE2  
 045 .13 LE1  
 045 .14 LD2  
 045 .15 LD1  
 045 .16 LC2  
 045 .17 LC1  
 045 .18 LB2  
 045 .19 LB1  
 045 .20 CE2  
 045 .21 CE1  
 045 .22 CD2  
 045 .23 CD1  
 2540-96 18.20.130.0

Health Financial Systems MCRIF32

FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA

IN LIEU OF FORM CMS-2540-96 (08/2010)

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO:  
I 11-5334  
I

I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
I FROM 7/ 1/2009 I WORKSHEET S-7  
I TO 6/30/2010 I PART IV

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	TOTAL
1	2	4.05	5
046	TOTAL		

(2) Enter in column 4.05 those days which are contained in either 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs receive a 20% payment increase added to the total in column 5.

(3) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:  
Transition Period : 100% Federal  
Wage Index Factor (before 10/01): 0.9615  
Wage Index Factor (after 10/01) : 0.9409  
SNF Facility Specific Rate : 0.00  
Urban/Rural Designation : URBAN  
SNF MSA Code : NOT SPECIFIED  
SNF CBSA Code : 12260



# COST CENTERS

Health Financial Systems MCRIF32

FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA

IN LIEU OF FORM CMS-2540-96 (01/2001)

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:  
I 11-5334  
I

I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
I FROM 7/ 1/2009 I WORKSHEET A  
I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CENTERS					
1 0100	CAP REL COSTS - BLDGS & FIXTURES		495,229	495,229	-7,566	487,663
2 0200	CAP REL COSTS - MOVEABLE EQUIPMENT					
3 0300	EMPLOYEE BENEFITS					
4 0400	ADMINISTRATIVE & GENERAL	165,009	1,025,386	1,190,395	77,495	1,267,890
5 0500	PLANT OPERATION, MAINT. & REPAIRS	47,674	325,812	373,486		373,486
6 0600	LAUNDRY & LINEN SERVICE	47,769	41,464	89,233		89,233
7 0700	HOUSEKEEPING	158,082	76,908	234,990		234,990
8 0800	DIETARY	218,578	318,903	537,481		537,481
9 0900	NURSING ADMINISTRATION	81,682	34,128	115,810		115,810
10 1000	CENTRAL SERVICES & SUPPLY					
11 1100	PHARMACY					
12 1200	MEDICAL RECORDS & LIBRARY	25,823	6,624	32,447		32,447
13 1300	SOCIAL SERVICE	62,850	12,674	75,524		75,524
14 1400	INTERNS & RESIDENTS (APPRVD PROG)					
15 1350	ACTIVITIES	24,383	12,514	36,897		36,897
	INPATIENT ROUTINE SERVICE CENTERS					
16 1600	SKILLED NURSING FACILITY	1,848,750	895,658	2,744,408	7,566	2,751,974
18 1800	NURSING FACILITY					
19 1900	OTHER LONG TERM CARE					
	ANCILLARY SERVICE COST CENTERS					
21 2100	RADIOLOGY		6,956	6,956		6,956
22 2200	LABORATORY		9,149	9,149		9,149
23 2300	INTRAVENOUS THERAPY					
24 2400	OXYGEN (INHALATION) THERAPY					
25 2500	PHYSICAL THERAPY		229,825	229,825		229,825
26 2600	OCCUPATIONAL THERAPY		180,474	180,474		180,474
27 2700	SPEECH PATHOLOGY		72,560	72,560		72,560
28 2800	ELECTROCARDIOLOGY					
29 2900	MEDICAL SUPPLIES CHARGED TO PATIENT		36,529	36,529		36,529
30 3000	DRUGS CHARGED TO PATIENTS		197,170	197,170		197,170
31 3100	DENTAL CARE - TITLE XIX ONLY					
32 3200	SUPPORT SURFACES		40,794	40,794		40,794
33 3050	OTHER ANCILLARY SERVICE COST CENTER					
	OUTPATIENT SERVICE COST CENTERS					
34 3400	CLINIC					
35 3500	RURAL HEALTH CLINIC					
36 3450	OTHER OUTPATIENT SERVICE COST					
	OTHER REIMBURSABLE COST CENTERS					
48 4800	AMBULANCE					
49 4900	INTERNS & RESIDENTS (NOT APPROVED)					
50 5000	CORF					
	SPECIAL PURPOSE COST CENTERS					
52 5200	MALPRACTICE PREMIUMS & PAID LOSSES		77,495	77,495	-77,495	
53 5300	INTEREST EXPENSE					
54 5400	UTILIZATION REVIEW - SNF					
55 5500	HOSPICE					
56 5350	OTHER SPECIAL PURPOSE COST					
57	SUBTOTALS	2,680,600	4,096,252	6,776,852	-0-	6,776,852
	NONREIMBURSABLE COST CENTERS					
58 5800	GIFT, FLOWER, COFFEE SHOPS & CANTEE					
59 5900	BARBER & BEAUTY SHOP					
60 6000	PHYSICIANS' PRIVATE OFFICES					
61 6100	NONPAID WORKERS					
62 6200	PATIENTS' LAUNDRY					
63 6150	OTHER NON REIMBURSABLE COST					
75	TOTAL	2,680,600	4,096,252	6,776,852	-0-	6,776,852

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS TO EXPENSES 6	NET EXPENSES FOR CST ALLOC 7
	GENERAL SERVICE COST CENTERS		
1 0100	CAP REL COSTS - BLDGS & FIXTURES	-97,072	390,591
2 0200	CAP REL COSTS - MOVEABLE EQUIPMENT		
3 0300	EMPLOYEE BENEFITS		
4 0400	ADMINISTRATIVE & GENERAL	-139,654	1,128,236
5 0500	PLANT OPERATION, MAINT. & REPAIRS	1,004	374,490
6 0600	LAUNDRY & LINEN SERVICE	607	89,840
7 0700	HOUSEKEEPING	-62	234,928
8 0800	DIETARY	-6,289	531,192
9 0900	NURSING ADMINISTRATION	-4,445	111,365
10 1000	CENTRAL SERVICES & SUPPLY		
11 1100	PHARMACY		
12 1200	MEDICAL RECORDS & LIBRARY	2,377	34,824
13 1300	SOCIAL SERVICE	2,022	77,546
14 1400	INTERNS & RESIDENTS (APPRVD PROG)		
15 1350	ACTIVITIES	422	37,319
	INPATIENT ROUTINE SERVICE CENTERS		
16 1600	SKILLED NURSING FACILITY	-50,764	2,701,210
18 1800	NURSING FACILITY		
19 1900	OTHER LONG TERM CARE		
	ANCILLARY SERVICE COST CENTERS		
21 2100	RADIOLOGY		6,956
22 2200	LABORATORY		9,149
23 2300	INTRAVENOUS THERAPY		
24 2400	OXYGEN (INHALATION) THERAPY		
25 2500	PHYSICAL THERAPY	-26,634	203,191
26 2600	OCCUPATIONAL THERAPY	-15,166	165,308
27 2700	SPEECH PATHOLOGY	-6,402	66,158
28 2800	ELECTROCARDIOLOGY		
29 2900	MEDICAL SUPPLIES CHARGED TO PATIENT	-970	35,559
30 3000	DRUGS CHARGED TO PATIENTS		197,170
31 3100	DENTAL CARE - TITLE XIX ONLY		
32 3200	SUPPORT SURFACES	-980	39,814
33 3050	OTHER ANCILLARY SERVICE COST CENTER		
	OUTPATIENT SERVICE COST CENTERS		
34 3400	CLINIC		
35 3500	RURAL HEALTH CLINIC		
36 3450	OTHER OUTPATIENT SERVICE COST		
	OTHER REIMBURSABLE COST CENTERS		
48 4800	AMBULANCE		
49 4900	INTERNS & RESIDENTS (NOT APPROVED)		
50 5000	CORF		
	SPECIAL PURPOSE COST CENTERS		
52 5200	MALPRACTICE PREMIUMS & PAID LOSSES		-0-
53 5300	INTEREST EXPENSE		-0-
54 5400	UTILIZATION REVIEW - SNF		-0-
55 5500	HOSPICE		
56 5350	OTHER SPECIAL PURPOSE COST		
57	SUBTOTALS	-342,006	6,434,846
	NONREIMBURSABLE COST CENTERS		
58 5800	GIFT, FLOWER, COFFEE SHOPS & CANTEE		
59 5900	BARBER & BEAUTY SHOP		
60 6000	PHYSICIANS' PRIVATE OFFICES		
61 6100	NONPAID WORKERS		
62 6200	PATIENTS' LAUNDRY		
63 6150	OTHER NON REIMBURSABLE COST		
75	TOTAL	-342,006	6,434,846

Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (01/2001)  
 COST CENTERS USED IN COST REPORT I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 I 11-5334 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
1	GENERAL SERVICE COST CENTERS		
2	CAP REL COSTS - BLDGS & FIXTURES	0100	
3	CAP REL COSTS - MOVEABLE EQUIPMENT	0200	
4	EMPLOYEE BENEFITS	0300	
5	ADMINISTRATIVE & GENERAL	0400	
6	PLANT OPERATION, MAINT. & REPAIRS	0500	
7	LAUNDRY & LINEN SERVICE	0600	
8	HOUSEKEEPING	0700	
9	DIETARY	0800	
10	NURSING ADMINISTRATION	0900	
11	CENTRAL SERVICES & SUPPLY	1000	
12	PHARMACY	1100	
13	MEDICAL RECORDS & LIBRARY	1200	
14	SOCIAL SERVICE	1300	
15	INTERNS & RESIDENTS (APPRVD PROG)	1400	
16	ACTIVITIES	1350	OTHER GENERAL SERVICE COST CENTERS
17	INPATIENT ROUTINE SERVICE CENTERS		
18	SKILLED NURSING FACILITY	1600	
19	NURSING FACILITY	1800	
20	OTHER LONG TERM CARE	1900	
21	ANCILLARY SERVICE COST CENTERS		
22	RADIOLOGY	2100	
23	LABORATORY	2200	
24	INTRAVENOUS THERAPY	2300	
25	OXYGEN (INHALATION) THERAPY	2400	
26	PHYSICAL THERAPY	2500	
27	OCCUPATIONAL THERAPY	2600	
28	SPEECH PATHOLOGY	2700	
29	ELECTROCARDIOLOGY	2800	
30	MEDICAL SUPPLIES CHARGED TO PATIENTS	2900	
31	DRUGS CHARGED TO PATIENTS	3000	
32	DENTAL CARE - TITLE XIX ONLY	3100	
33	SUPPORT SURFACES	3200	
34	OTHER ANCILLARY SERVICE COST CENTER	3050	OTHER ANCILLARY SERVICE COST CENTERS
35	OUTPATIENT SERVICE COST CENTERS		
36	CLINIC	3400	
37	RURAL HEALTH CLINIC	3500	
38	OTHER OUTPATIENT SERVICE COST	3450	OTHER OUTPATIENT SERVICE COST CENTER
39	OTHER REIMBURSABLE COST CENTERS		
40	AMBULANCE	4800	
41	INTERNS & RESIDENTS (NOT APPROVED)	4900	
42	CORF	5000	
43	SPECIAL PURPOSE COST CENTERS		
44	MALPRACTICE PREMIUMS & PAID LOSSES	5200	
45	INTEREST EXPENSE	5300	
46	UTILIZATION REVIEW - SNF	5400	
47	HOSPICE	5500	
48	OTHER SPECIAL PURPOSE COST	5350	OTHER SPECIAL PURPOSE COST CENTERS
49	SUBTOTALS		
50	NONREIMBURSABLE COST CENTERS		
51	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	5800	
52	BARBER & BEAUTY SHOP	5900	
53	PHYSICIANS' PRIVATE OFFICES	6000	
54	NONPAID WORKERS	6100	
55	PATIENTS' LAUNDRY	6200	
56	OTHER NON REIMBURSABLE COST	6150	OTHER NONREIMBURSABLE COST
57	TOTAL		

Health Financial Systems MCRIF32

FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (01/2001)

## COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 I 11-5334 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS - BLDGS & FIXTURES	1	SQUARE FEET	ENTERED
2	CAP REL COSTS - MOVEABLE EQUIPMENT	2	SQUARE FEET	NOT ENTERED
3	EMPLOYEE BENEFITS	3	GROSS SALARIES	NOT ENTERED
4	ADMINISTRATIVE & GENERAL	-4	ACCUM. COST	NOT ENTERED
5	PLANT OPERATION, MAINT. & REPAIRS	5	SQUARE FEET	ENTERED
6	LAUNDRY & LINEN SERVICE	6	PATIENT DAYS	ENTERED
7	HOUSEKEEPING	7	SQUARE FEET	ENTERED
8	DIETARY	8	MEALS SERVED	ENTERED
9	NURSING ADMINISTRATION	9	DIRECT NURSING	ENTERED
10	CENTRAL SERVICES & SUPPLY	10	COSTED REQUIS.	NOT ENTERED
11	PHARMACY	11	COSTED REQUIS.	NOT ENTERED
12	MEDICAL RECORDS & LIBRARY	12	PATIENT DAYS	ENTERED
13	SOCIAL SERVICE	13	PATIENT DAYS	ENTERED
14	INTERNS & RESIDENTS (APPRVD PROG)	14	ASSIGNED TIME	NOT ENTERED
15	ACTIVITIES	15	PATIENT DAYS	ENTERED



Health Financial Systems      MCRIF32      FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA      IN LIEU OF FORM CMS-2540-96 (07/1999)

RECLASSIFICATIONS	PROVIDER NO: 115334	PERIOD: FROM 7/ 1/2009 TO 6/30/2010	PREPARED 6/ 5/2012 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 LIABILITY INSURANCE	A	ADMINISTRATIVE & GENERAL	4		77,495
2		SKILLED NURSING FACILITY	16		7,480
3		SKILLED NURSING FACILITY	16		86
36 TOTAL RECLASSIFICATIONS					85,061

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.

Health Financial Systems

MCRIF32

FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (07/1999)

## RECLASSIFICATIONS

PROVIDER NO:  
115334PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010PREPARED 6/ 5/2012  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	DECREASE			
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8 OTHER 9
1 LIABILITY INSURANCE	A	MALPRACTICE PREMIUMS & PAID LOSSES	52	77,495
2		CAP REL COSTS - BLDGS & FIXTURES	1	7,480
3		CAP REL COSTS - BLDGS & FIXTURES	1	86
36 TOTAL RECLASSIFICATIONS				85,061

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

Health Financial Systems      MCRIF32      FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA      IN LIEU OF FORM CMS-2540-96 (07/1999)

RECLASSIFICATIONS	PROVIDER NO: 115334	PERIOD: FROM 7/ 1/2009 TO 6/30/2010	PREPARED 6/ 5/2012 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A  
EXPLANATION : LIABILITY INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	4	77,495	MALPRACTICE PREMIUMS & PAID LO	52	77,495	
2.00	SKILLED NURSING FACILITY	16	7,480	CAP REL COSTS - BLDGS & FIXTUR	1	7,480	
3.00	SKILLED NURSING FACILITY	16	86	CAP REL COSTS - BLDGS & FIXTUR	1	86	
TOTAL RECLASSIFICATIONS FOR CODE A			85,061				85,061

Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (07/1996)  
 ANALYSIS OF CHANGES DURING COST REPORTING I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 PERIOD IN CAPITAL ASSET BALANCES I 11-5334 I FROM 7/ 1/2009 I SUPPLEMENTAL  
 I I TO 6/30/2010 I WORKSHEET A-7

DESCRIPTION	BEGINNING BALANCES 1	PURCHASE 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6
1 LAND						
2 LAND IMPROVEMENTS						
3 BUILDINGS & FIXTURES						
4 BUILDING IMPROVEMENTS						
5 FIXED EQUIPMENT		37,183		37,183		37,183
6 MOVABLE EQUIPMENT	32,814	21,494		21,494		54,308
7 TOTAL	32,814	58,677		58,677		91,491



## ADJUSTMENTS TO EXPENSES

I PROVIDER NO:

I 11-5334

I FROM 7/ 1/2009

I WORKSHEET A-8

I TO 6/30/2010

(1) DESCRIPTION	(2) BASIS FOR ADJUST- MENT	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	
			COST CENTER	LINE NO
1	2	3	4	5
1 INVESTMENT INCOME ON RESTRICTED FUNDS (CHAPTER 2)	B	-25	CAP REL COSTS - BLDGS & F	1
2 TRADE, QUANTITY, & TIME DISCOUNTS ON PURC (CHAP 8)				
3 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)				
4 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)				
5 TELEPHONE SERVICES (PAY STATIONS EXCLUDE)(CHAP 21)				
6 TELEVISION AND RADIO SERVICE (CHAPTER 21)				
7 PARKING LOT (CHAPTER 21)				
8 REMUNERATION APPLIC TO PROV-BASED PHYSICIAN ADJMNT	A-8-2			
9 HOME OFFICE COSTS (CHAPTER 21)				
10 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)				
11 NONALLOWABLE CSTS RELTD TO CERT CAPITAL EXP (CH24)				
12 ADJ RESULTING FRM TRANSACTIONS W/RELTD ORGS (CH10)	A-8-1	-269,560		
13 LAUNDRY & LINEN SERVICE				
14 REVENUE - EMPLOYEE MEALS	B	-1,158	DIETARY	8
15 COST OF MEALS - GUESTS				
16 SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS				
17 SALE OF DRUGS TO OTHER THAN PATIENTS				
18 SALE OF MEDICAL RECORDS AND ABSTRACTS				
19 VENDING MACHINES	B	-1,232	ADMINISTRATIVE & GENERAL	4
20 INCOME FRM IMPOSITION OF INT, FINANCE OR PEN (C21)				
21 INT EXP MC OVRPYMTS & BORROWINGS REPAY MC OVRPYMNT				
22 ADJUSTMENT FOR SPEECH THERAPY - SNF	A-8-5		SPEECH PATHOLOGY	27
23 ADJUSTMENT FOR OCCUPATIONAL THERAPY - SNF	A-8-5		OCCUPATIONAL THERAPY	26
24 ADJUSTMENT FOR RESPIRATORY THERAPY - SNF	A-8-5		OXYGEN (INHALATION) THERA	24
25 ADJUSTMENT FOR PHYSICAL THERAPY - SNF	A-8-5		PHYSICAL THERAPY	25
26 ADJUST FOR HHA PHYS THERPY COSTS IN EXCESS OF LIMIT	A-8-3		**COST CENTER DELETED**	39
27 SUBTOTAL (SUM OF LINES 1-26)		-271,975		
28 UTILIZATION REVIEW-PHYSICIANS' COMPENSATION(CH21)			UTILIZATION REVIEW - SNF	54
29 DEPRECIATION--BUILDINGS AND FIXTURES			CAP REL COSTS - BLDGS & F	1
30 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS - MOVEABLE	2
31 WORKERS COMP-DON	A	-4,739	NURSING ADMINISTRATION	9
31.01 WORKERS COMP-NURSING	A	29,274	SKILLED NURSING FACILITY	16
31.02 WORKERS COMP-SOCIAL SERVICES	A	1,885	SOCIAL SERVICE	13
31.03 WORKERS COMP-ACTIVITIES	A	282	ACTIVITIES	15
31.04 WORKERS COMP-DIETARY	A	2,831	DIETARY	8
31.05 WORKERS COMP-LAUNDRY	A	1,526	LAUNDRY & LINEN SERVICE	6
31.06 WORKERS COMP-HOUSEKEEPING	A	284	HOUSEKEEPING	7
31.07 WORKERS COMP-MAINTENANCE	A	677	PLANT OPERATION, MAINT. &	5
31.08 WORKERS COMP-ADMIN	A	-9,847	ADMINISTRATIVE & GENERAL	4
31.09 WORKERS COMP-MEDICAL RECORDS	A	108	MEDICAL RECORDS & LIBRARY	12
31.10 HEALTH INS-ADMIN	A	345	ADMINISTRATIVE & GENERAL	4
31.11 HEALTH INS-MAINTENANCE	A	285	PLANT OPERATION, MAINT. &	5
31.12 HEALTH INS-LAUNDRY	A	142	LAUNDRY & LINEN SERVICE	6
31.13 HEALTH INS-HOUSEKEEPING	A	686	HOUSEKEEPING	7
31.14 HEALTH INS-DIETARY	A	727	DIETARY	8
31.15 HEALTH INS-NURSING ADMIN	A	297	NURSING ADMINISTRATION	9
31.16 HEALTH INS-SOCIAL SERVICES	A	142	SOCIAL SERVICE	13
31.17 HEALTH INS-ACTIVITIES	A	142	ACTIVITIES	15
31.18 HEALTH INS-NURSING	A	5,171	SKILLED NURSING FACILITY	16
31.19 ADJ DEPRECIATION-UM/UNICHoice	A	-38	CAP REL COSTS - BLDGS & F	1
31.20 ADJ FACILITY PROPERTY TAX	A	26,452	CAP REL COSTS - BLDGS & F	1
31.21 DISALLOW UCR REL PARTY INTEREST	A	-8,390	CAP REL COSTS - BLDGS & F	1
31.22 MISCELLANEOUS INCOME	B	-520	ADMINISTRATIVE & GENERAL	4
31.23 PENALTIES AND FINES	A	-41,164	ADMINISTRATIVE & GENERAL	4
31.24 POLITICAL CONTRIBUTIONS	A	-400	ADMINISTRATIVE & GENERAL	4
31.25 CONTRIBUTION EXPENSE	A	-100	ADMINISTRATIVE & GENERAL	4
31.26 NON-ALLOW DUES & SUBS	A	-7,628	ADMINISTRATIVE & GENERAL	4
31.27 ADMIN OTHER/MISC EXPENSE	A	-1,455	ADMINISTRATIVE & GENERAL	4
31.28 GOODWILL AMORT COSTS	A	-21,276	ADMINISTRATIVE & GENERAL	4
31.29 ADMIN COMMUNICATIONS MKTG/AD	A	-2,462	ADMINISTRATIVE & GENERAL	4
31.30 ADMIN-NON ALLOW SUPPLIES	A	-73	ADMINISTRATIVE & GENERAL	4
31.31 REMOVE 10% UNIHEALTH ALLOC	A	-25,728	SKILLED NURSING FACILITY	16
31.32 REMOVE PHYSICIANS SERVICES	A	-5,467	SKILLED NURSING FACILITY	16
31.33 REMOVE MEDICAL DIRECTOR	A	-12,000	SKILLED NURSING FACILITY	16
32 TOTAL		-342,006		

(1) DESCRIPTION--ALL CHAPTER REFERENCES IN THIS COLUMN PERTAIN TO CMS PUB. 15-I

(2) BASIS FOR ADJUSTMENT (SEE INSTRUCTIONS)

A. COSTS-IF COSTS, INCLUDING APPLICABLE OVERHEAD, CAN BE DETERMINED.

B. AMOUNT RECEIVED-IF COST CANNOT BE DETERMINED.

# RELATED PARTIES

Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 ((10/1998))  
STATEMENT OF COSTS OF SERVICES I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
FROM RELATED ORGANIZATIONS I 11-5334 I FROM 7/ 1/2009 I SUPPLEMENTAL  
I TO 6/30/2010 I WORKSHEET A-8-1

- A. ARE THERE ANY COSTS INCLUDED ON WORKSHEET A WHICH RESULTED FROM TRANSACTIONS WITH RELATED ORGANIZATIONS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10?  
X YES (IF "YES," COMPLETE PARTS B AND C)  
NO

- B. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS:  
LOCATION AND AMOUNT INCLUDED ON WORKSHEET A, COLUMN 5

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT	AMOUNT ALLOWABLE IN COST	ADJUSTMENTS
1	2	3	4	5	6
1	1	CAP REL COSTS - BLDGS & F FACILITY LEASE	422,100	274,810	147,290
2	4	ADMINISTRATIVE & GENERAL HOME OFFICE-ADMIN DIRECT		78,770	-78,770
3	5	PLANT OPERATION, MAINT. & HOME OFFICE-MAINTENANCE D		2,929	-2,929
4	1	CAP REL COSTS - BLDGS & F HOME OFFICE-CAPITAL RELAT		32,219	-32,219
5	4	ADMINISTRATIVE & GENERAL HOME OFFICE-POOLED COST	402,004	248,234	153,770
6	4	ADMINISTRATIVE & GENERAL UNITED COLLECTIONS-COLLEC	266	2,413	-2,147
7	16	SKILLED NURSING FACILITY UNITED CLINICAL-NURSING	103,020	75,361	27,659
8	8	DIETARY UNITED CLINICAL-DIETARY	18,180	11,267	6,913
9	4	ADMINISTRATIVE & GENERAL UNITED CLINICAL-ADMIN		12,724	-12,724
9.01	16	SKILLED NURSING FACILITY UNITED CLINICAL-NURSE AID	3,910		3,910
9.02	25	PHYSICAL THERAPY UNITED REHAB-PHYSICAL THE	209,756	183,788	25,968
9.03	27	SPEECH PATHOLOGY UNITED REHAB-SPEECH THERA	72,560	66,158	6,402
9.04	26	OCCUPATIONAL THERAPY UNITED REHAB-OCCUPATIONAL	180,068	164,916	15,152
9.05	4	ADMINISTRATIVE & GENERAL UNITED MEDICAL-ADMIN	14,422	13,932	490
9.06	5	PLANT OPERATION, MAINT. & UNITED MEDICAL-PLANT OPER	56,235	54,326	1,909
9.07	6	LAUNDRY & LINEN SERVICE UNITED MEDICAL-LAUNDRY	31,241	30,180	1,061
9.08	7	HOUSEKEEPING UNITED MEDICAL-HOUSEKEEPER	30,396	29,364	1,032
9.09	8	DIETARY UNITED MEDICAL-DIETARY	52,322	50,546	1,776
9.10	9	NURSING ADMINISTRATION UNITED MEDICAL-NURSING AD	86	83	3
9.11	12	MEDICAL RECORDS & LIBRARY UNITED MEDICAL-MEDICAL RE	131	127	4
9.12	13	SOCIAL SERVICE UNITED MEDICAL-SOCIAL SER	153	148	5
9.13	15	ACTIVITIES UNITED MEDICAL-ACTIVITIES	42	40	2
9.14	16	SKILLED NURSING FACILITY UNITED MEDICAL-NURSING	307,646	297,201	10,445
9.15	25	PHYSICAL THERAPY UNITED MEDICAL-PHYSICAL T	19,600	18,934	666
9.16	26	OCCUPATIONAL THERAPY UNITED MEDICAL-OCCUPATION	407	393	14
9.17	29	MEDICAL SUPPLIES CHARGED UNITED MEDICAL-MEDICAL SU	28,562	27,592	970
9.18	32	SUPPORT SURFACES UNITED MEDICAL-SUPPORT SU	28,872	27,892	980
9.19	5	PLANT OPERATION, MAINT. & UNICHOICE ENVIRONMENTAL-C	1,300	1,026	274
9.20	5	PLANT OPERATION, MAINT. & UNICHOICE ENVIRONMENTAL-C	5,549	4,845	704
9.21	4	ADMINISTRATIVE & GENERAL UNITED PHARMACY-PHARMACY	21,600	28,377	-6,777
9.22	12	MEDICAL RECORDS & LIBRARY UNITED PHARMACY-MEDICAL R	4,200	6,473	-2,273
10		TOTALS	2,014,628	1,745,068	269,560

- C. INTERRELATIONSHIP OF PROVIDER TO RELATED ORGANIZATION(S):  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUESTS THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART C OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES. IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL, REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

(1) SYMBOL	NAME	PERCENTAGE OF OWNERSHIP	RELATED NAME	PERCENTAGE OF OWNERSHIP	ORGANIZATION(S)	TYPE OF BUSINESS
		3	4	5		6
1	B	PRUITT CORPORAT	100.00	PRUITT CORPORAT	100.00	MANAGEMENT
2	B	PRUITT CORPORAT	100.00	AUGUSTA HEALTHC	100.00	RENTAL
3	B	PRUITT CORPORAT	100.00	UNITED COLLECTI	100.00	COLLECTIONS
4	B	PRUITT CORPORAT	100.00	UNITED CLINICAL	100.00	CONSULTING
5	B	PRUITT CORPORAT	100.00	UNITED PHARMACY	100.00	PHARMACY
6	B	PRUITT CORPORAT	100.00	UNITED MEDICAL	100.00	MEDICAL
7	B	PRUITT CORPORAT	100.00	UNITED REHAB	100.00	REHAB
8	B	PRUITT CORPORAT	100.00	UNICHOICE ENVIR	100.00	MAINTENANCE

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP PROVIDER TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.  
B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.  
C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.  
D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.  
E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.  
F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.  
G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

( 8 RELATED PARTIES )  
DISCLOSED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAP REL COST S - BLDGS &	CAP REL COST S - MOVEABLE	EMPLOYEE BEN EFITS	SUBTOTAL	ADMINISTRATI VE & GENERAL	PLANT OPERAT ION, MAINT.
	0	1	2	3	3A	4	5
GENERAL SERVICE COST CENTERS							
001 CAP REL COSTS - BLDGS & F	390,591	390,591					
002 CAP REL COSTS - MOVEABLE							
003 EMPLOYEE BENEFITS					1,172,432	1,172,432	
004 ADMINISTRATIVE & GENERAL	1,128,236	44,196			382,834	88,613	471,447
005 PLANT OPERATION, MAINT. &	374,490	8,344			100,768	23,324	15,241
006 LAUNDRY & LINEN SERVICE	89,840	10,928			240,392	55,643	7,620
007 HOUSEKEEPING	234,928	5,464			583,110	134,970	72,405
008 DIETARY	531,192	51,918			111,365	25,777	
009 NURSING ADMINISTRATION	111,365						
010 CENTRAL SERVICES & SUPPLY							
011 PHARMACY					34,824	8,061	
012 MEDICAL RECORDS & LIBRARY	34,824				90,701	20,994	18,346
013 SOCIAL SERVICE	77,546	13,155					
014 INTERNS & RESIDENTS (APPR					37,319	8,638	
015 ACTIVITIES	37,319						
INPATIENT ROUTINE SERVICE CENTERS							
016 SKILLED NURSING FACILITY	2,701,210	246,949			2,948,159	682,398	344,398
018 NURSING FACILITY							
019 OTHER LONG TERM CARE							
ANCILLARY SERVICE COST CENTERS							
021 RADIOLOGY	6,956				6,956	1,610	
022 LABORATORY	9,149				9,149	2,118	
023 INTRAVENOUS THERAPY							
024 OXYGEN (INHALATION) THERA							
025 PHYSICAL THERAPY	203,191	1,915			205,106	47,475	2,670
026 OCCUPATIONAL THERAPY	165,308	1,915			167,223	38,706	2,670
027 SPEECH PATHOLOGY	66,158	1,915			68,073	15,757	2,670
028 ELECTROCARDIOLOGY							
029 MEDICAL SUPPLIES CHARGED	35,559	1,915			37,474	8,674	2,670
030 DRUGS CHARGED TO PATIENTS	197,170				197,170		
031 DENTAL CARE - TITLE XIX D							
032 SUPPORT SURFACES	39,814				39,814	9,216	
033 OTHER ANCILLARY SERVICE C							
OUTPATIENT SERVICE COST CENTERS							
034 CLINIC							
035 RURAL HEALTH CLINIC							
036 OTHER OUTPATIENT SERVICE							
OTHER REIMBURSABLE COST CENTERS							
048 AMBULANCE							
049 INTERNS & RESIDENTS (NOT							
050 CORF							
SPECIAL PURPOSE COST CENTERS							
052 MALPRACTICE PREMIUMS & PA							
053 INTEREST EXPENSE							
054 UTILIZATION REVIEW - SNF							
055 HOSPICE							
056 OTHER SPECIAL PURPOSE COS							
057 SUBTOTALS	6,434,846	388,614			6,432,869	1,171,974	468,690
NONREIMBURSABLE COST CENTERS							
058 GIFT, FLOWER, COFFEE SHOP							
059 BARBER & BEAUTY SHOP		1,977			1,977	458	2,757
060 PHYSICIANS' PRIVATE OFFIC							
061 NONPAID WORKERS							
062 PATIENTS' LAUNDRY							
063 OTHER NON REIMBURSABLE CO							
064 CROSS FOOT ADJUSTMENT							
065 NEGATIVE COST CENTER							
075 TOTAL	6,434,846	390,591			6,434,846	1,172,432	471,447



Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (10/1999)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 I 11-5334 I FROM 7/ 1/2009 I WORKSHEET B  
 I TO 6/30/2010 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CENTERS							
002 CAP REL COSTS - BLDGS & F							
003 CAP REL COSTS - MOVEABLE							
004 EMPLOYEE BENEFITS							
005 ADMINISTRATIVE & GENERAL							
006 PLANT OPERATION, MAINT. &							
007 LAUNDRY & LINEN SERVICE	139,333						
008 HOUSEKEEPING		303,655					
009 DIETARY		49,012	839,497				
010 NURSING ADMINISTRATION				137,142			
011 CENTRAL SERVICES & SUPPLY							
012 PHARMACY							42,885
013 MEDICAL RECORDS & LIBRARY							
014 SOCIAL SERVICE		12,418					
015 INTERNS & RESIDENTS (APPR ACTIVITIES)							
016 INPATIENT ROUTINE SERVICE CENTERS							42,885
017 SKILLED NURSING FACILITY	139,333	233,127	839,497	137,142			
018 NURSING FACILITY							
019 OTHER LONG TERM CARE							
021 ANCILLARY SERVICE COST CENTERS							
022 RADIOLOGY							
023 LABORATORY							
024 INTRAVENOUS THERAPY							
025 OXYGEN (INHALATION) THERA							
026 PHYSICAL THERAPY		1,808					
027 OCCUPATIONAL THERAPY		1,808					
028 SPEECH PATHOLOGY		1,808					
029 ELECTROCARDIOLOGY		1,808					
030 MEDICAL SUPPLIES CHARGED							
031 DRUGS CHARGED TO PATIENTS							
032 DENTAL CARE - TITLE XIX O							
033 SUPPORT SURFACES							
034 OTHER ANCILLARY SERVICE C							
035 OUTPATIENT SERVICE COST CENTERS							
036 CLINIC							
048 RURAL HEALTH CLINIC							
049 OTHER OUTPATIENT SERVICE							
050 OTHER REIMBURSABLE COST CENTERS							
052 AMBULANCE							
053 INTERNS & RESIDENTS (NOT CORF							
054 SPECIAL PURPOSE COST CENTERS							
055 MALPRACTICE PREMIUMS & PA							
056 INTEREST EXPENSE							
057 UTILIZATION REVIEW - SNF							
058 HOSPICE							
059 OTHER SPECIAL PURPOSE COS							42,885
060 SUBTOTALS	139,333	301,789	839,497	137,142			
061 NONREIMBURSABLE COST CENTERS							
062 GIFT, FLOWER, COFFEE SHOP		1,866					
063 BARBER & BEAUTY SHOP							
064 PHYSICIANS' PRIVATE OFFIC							
065 NONPAID WORKERS							
066 PATIENTS' LAUNDRY							
067 OTHER NON REIMBURSABLE CO							
068 CROSS FOOT ADJUSTMENT							
069 NEGATIVE COST CENTER							42,885
075 TOTAL	139,333	303,655	839,497	137,142			



Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (10/1999)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 I 11-5334 I FROM 7/ 1/2009 I WORKSHEET B  
 I TO 6/30/2010 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	SOCIAL SERVI CE	INTERNS & RE SIDENTS (APP	ACTIVITIES	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	13	14	15	16	17	18
GENERAL SERVICE COST CENTERS						
001 CAP REL COSTS - BLDGS & F						
002 CAP REL COSTS - MOVEABLE						
003 EMPLOYEE BENEFITS						
004 ADMINISTRATIVE & GENERAL						
005 PLANT OPERATION, MAINT. &						
006 LAUNDRY & LINEN SERVICE						
007 HOUSEKEEPING						
008 DIETARY						
009 NURSING ADMINISTRATION						
010 CENTRAL SERVICES & SUPPLY						
011 PHARMACY						
012 MEDICAL RECORDS & LIBRARY						
013 SOCIAL SERVICE	142,459					
014 INTERNS & RESIDENTS (APPR						
015 ACTIVITIES			45,957			
INPATIENT ROUTINE SERVICE CENTERS						
016 SKILLED NURSING FACILITY	142,459		45,957	5,555,355		5,555,355
018 NURSING FACILITY						
019 OTHER LONG TERM CARE						
ANCILLARY SERVICE COST CENTERS						
021 RADIOLOGY				8,566		8,566
022 LABORATORY				11,267		11,267
023 INTRAVENOUS THERAPY						
024 OXYGEN (INHALATION) THERA						
025 PHYSICAL THERAPY				257,059		257,059
026 OCCUPATIONAL THERAPY				210,407		210,407
027 SPEECH PATHOLOGY				88,308		88,308
028 ELECTROCARDIOLOGY						
029 MEDICAL SUPPLIES CHARGED				50,626		50,626
030 DRUGS CHARGED TO PATIENTS				197,170		197,170
031 DENTAL CARE - TITLE XIX O						
032 SUPPORT SURFACES				49,030		49,030
033 OTHER ANCILLARY SERVICE C						
OUTPATIENT SERVICE COST CENTERS						
034 CLINIC						
035 RURAL HEALTH CLINIC						
036 OTHER OUTPATIENT SERVICE						
OTHER REIMBURSABLE COST CENTERS						
048 AMBULANCE						
049 INTERNS & RESIDENTS (NOT						
050 CORF						
SPECIAL PURPOSE COST CENTERS						
052 MALPRACTICE PREMIUMS & PA						
053 INTEREST EXPENSE						
054 UTILIZATION REVIEW - SNF						
055 HOSPICE						
056 OTHER SPECIAL PURPOSE COS						
057 SUBTOTALS	142,459		45,957	6,427,788		6,427,788
NONREIMBURSABLE COST CENTERS						
058 GIFT, FLOWER, COFFEE SHOP				7,058		7,058
059 BARBER & BEAUTY SHOP						
060 PHYSICIANS' PRIVATE OFFIC						
061 NONPAID WORKERS						
062 PATIENTS' LAUNDRY						
063 OTHER NON REIMBURSABLE CO						
064 CROSS FOOT ADJUSTMENT						
065 NEGATIVE COST CENTER						
075 TOTAL	142,459		45,957	6,434,846		6,434,846

ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER	DIRECTLY ASSIGNED	CAP REL COST S - BLDGS &	CAP REL COST S - MOVEABLE	SUBTOTAL	EMPLOYEE BEN EFITS	ADMINISTRATI VE & GENERAL	PLANT OPERAT ION, MAINT.
		0	1	2	2 a	3	4	5
001	GENERAL SERVICE COST CENTERS							
002	CAP REL COSTS - BLDGS & F							
003	CAP REL COSTS - MOVEABLE							
004	EMPLOYEE BENEFITS							
005	ADMINISTRATIVE & GENERAL		44,196		44,196		44,196	
006	PLANT OPERATION, MAINT. &		8,344		8,344		3,340	11,684
007	LAUNDRY & LINEN SERVICE		10,928		10,928		879	378
008	HOUSEKEEPING		5,464		5,464		2,097	189
009	DIETARY		51,918		51,918		5,088	1,794
010	NURSING ADMINISTRATION						972	
011	CENTRAL SERVICES & SUPPLY							
012	PHARMACY						304	
013	MEDICAL RECORDS & LIBRARY						791	455
014	SOCIAL SERVICE		13,155		13,155			
015	INTERNS & RESIDENTS (APPR ACTIVITIES						326	
016	INPATIENT ROUTINE SERVICE CENTERS							
017	SKILLED NURSING FACILITY		246,949		246,949		25,724	8,536
018	NURSING FACILITY							
019	OTHER LONG TERM CARE							
020	ANCILLARY SERVICE COST CENTERS							
021	RADIOLOGY						61	
022	LABORATORY						80	
023	INTRAVENOUS THERAPY							
024	OXYGEN (INHALATION) THERA							
025	PHYSICAL THERAPY		1,915		1,915		1,790	66
026	OCCUPATIONAL THERAPY		1,915		1,915		1,459	66
027	SPEECH PATHOLOGY		1,915		1,915		594	66
028	ELECTROCARDIOLOGY							
029	MEDICAL SUPPLIES CHARGED		1,915		1,915		327	66
030	DRUGS CHARGED TO PATIENTS							
031	DENTAL CARE - TITLE XIX O							
032	SUPPORT SURFACES						347	
033	OTHER ANCILLARY SERVICE C							
034	OUTPATIENT SERVICE COST CENTERS							
035	CLINIC							
036	RURAL HEALTH CLINIC							
037	OTHER REIMBURSABLE COST CENTERS							
038	OTHER OUTPATIENT SERVICE							
039	AMBULANCE							
040	INTERNS & RESIDENTS (NOT							
041	SPECIAL PURPOSE COST CENTERS							
042	CORF							
043	MALPRACTICE PREMIUMS & PA							
044	INTEREST EXPENSE							
045	UTILIZATION REVIEW - SNF							
046	HOSPICE							
047	OTHER SPECIAL PURPOSE COS							
048	SUBTOTALS		388,614		388,614		44,179	11,616
049	NONREIMBURSABLE COST CENTERS							
050	GIFT, FLOWER, COFFEE SHOP							
051	BARBER & BEAUTY SHOP		1,977		1,977		17	68
052	PHYSICIANS' PRIVATE OFFIC							
053	NONPAID WORKERS							
054	PATIENTS' LAUNDRY							
055	OTHER NON REIMBURSABLE CO							
056	CROSS FOOT ADJUSTMENTS							
057	NEGATIVE COST CENTER							
058	TOTAL		390,591		390,591		44,196	11,684

ALLOCATION OF CAPITAL-RELATED COSTS		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY
COST CENTER		6	7	8	9	10	11	12
001	GENERAL SERVICE COST CENTERS							
002	CAP REL COSTS - BLDGS & F							
003	CAP REL COSTS - MOVEABLE							
004	EMPLOYEE BENEFITS							
005	ADMINISTRATIVE & GENERAL							
006	PLANT OPERATION, MAINT. &							
007	LAUNDRY & LINEN SERVICE	12,185						
008	HOUSEKEEPING		7,750					
009	DIETARY		1,251	60,051				
010	NURSING ADMINISTRATION				972			
011	CENTRAL SERVICES & SUPPLY							
012	PHARMACY							304
013	MEDICAL RECORDS & LIBRARY							
014	SOCIAL SERVICE		317					
015	INTERNS & RESIDENTS (APPR ACTIVITIES)							
016	INPATIENT ROUTINE SERVICE CENTERS							
018	SKILLED NURSING FACILITY	12,185	5,950	60,051	972			304
019	NURSING FACILITY							
021	OTHER LONG TERM CARE							
022	ANCILLARY SERVICE COST CENTERS							
023	RADIOLOGY							
024	LABORATORY							
025	INTRAVENOUS THERAPY							
026	OXYGEN (INHALATION) THERA							
027	PHYSICAL THERAPY		46					
028	OCCUPATIONAL THERAPY		46					
029	SPEECH PATHOLOGY		46					
030	ELECTROCARDIOLOGY							
031	MEDICAL SUPPLIES CHARGED							
032	DRUGS CHARGED TO PATIENTS							
033	DENTAL CARE - TITLE XIX O							
034	SUPPORT SURFACES							
035	OTHER ANCILLARY SERVICE C							
036	OUTPATIENT SERVICE COST CENTERS							
037	CLINIC							
038	RURAL HEALTH CLINIC							
039	OTHER REIMBURSABLE COST CENTERS							
040	OTHER OUTPATIENT SERVICE							
041	AMBULANCE							
042	INTERNS & RESIDENTS (NOT SPECIAL PURPOSE COST CENTERS)							
043	CORF							
044	MALPRACTICE PREMIUMS & PA							
045	INTEREST EXPENSE							
046	UTILIZATION REVIEW - SNF							
047	HOSPICE							
048	OTHER SPECIAL PURPOSE COS							
049	SUBTOTALS	12,185	7,702	60,051	972			304
050	NONREIMBURSABLE COST CENTERS							
051	GIFT, FLOWER, COFFEE SHOP							
052	BARBER & BEAUTY SHOP		48					
053	PHYSICIANS' PRIVATE OFFIC							
054	NONPAID WORKERS							
055	PATIENTS' LAUNDRY							
056	OTHER NON REIMBURSABLE CO							
057	CROSS FOOT ADJUSTMENTS							
058	NEGATIVE COST CENTER							
059	TOTAL	12,185	7,750	60,051	972			304

ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER	SOCIAL SERVI CE	INTERNS & RE SIDENTS (APP	ACTIVITIES	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		13	14	15	16	17	18
001	GENERAL SERVICE COST CENTERS						
002	CAP REL COSTS - BLDGS & F						
003	CAP REL COSTS - MOVEABLE						
004	EMPLOYEE BENEFITS						
005	ADMINISTRATIVE & GENERAL						
006	PLANT OPERATION, MAINT. &						
007	LAUNDRY & LINEN SERVICE						
008	HOUSEKEEPING						
009	DIETARY						
010	NURSING ADMINISTRATION						
011	CENTRAL SERVICES & SUPPLY						
012	PHARMACY						
013	MEDICAL RECORDS & LIBRARY	14,718					
014	SOCIAL SERVICE						
015	INTERNS & RESIDENTS (APPR						
016	ACTIVITIES			326			
017	INPATIENT ROUTINE SERVICE CENTERS						
018	SKILLED NURSING FACILITY	14,718		326	375,715		375,715
019	NURSING FACILITY						
020	OTHER LONG TERM CARE						
021	ANCILLARY SERVICE COST CENTERS						
022	RADIOLOGY				61		61
023	LABORATORY				80		80
024	INTRAVENOUS THERAPY						
025	OXYGEN (INHALATION) THERA						
026	PHYSICAL THERAPY				3,817		3,817
027	OCCUPATIONAL THERAPY				3,486		3,486
028	SPEECH PATHOLOGY				2,621		2,621
029	ELECTROCARDIOLOGY						
030	MEDICAL SUPPLIES CHARGED				2,354		2,354
031	DRUGS CHARGED TO PATIENTS						
032	DENTAL CARE - TITLE XIX O						
033	SUPPORT SURFACES				347		347
034	OTHER ANCILLARY SERVICE C						
035	OUTPATIENT SERVICE COST CENTERS						
036	CLINIC						
037	RURAL HEALTH CLINIC						
038	OTHER REIMBURSABLE COST CENTERS						
039	OTHER OUTPATIENT SERVICE						
040	AMBULANCE						
041	INTERNS & RESIDENTS (NOT						
042	SPECIAL PURPOSE COST CENTERS						
043	CORF						
044	MALPRACTICE PREMIUMS & PA						
045	INTEREST EXPENSE						
046	UTILIZATION REVIEW - SNF						
047	HOSPICE						
048	OTHER SPECIAL PURPOSE COS						
049	SUBTOTALS	14,718		326	388,481		388,481
050	NONREIMBURSABLE COST CENTERS						
051	GIFT, FLOWER, COFFEE SHOP						
052	BARBER & BEAUTY SHOP				2,110		2,110
053	PHYSICIANS' PRIVATE OFFIC						
054	NONPAID WORKERS						
055	PATIENTS' LAUNDRY						
056	OTHER NON REIMBURSABLE CO						
057	CROSS FOOT ADJUSTMENTS						
058	NEGATIVE COST CENTER						
059	TOTAL	14,718		326	390,591		390,591



COST ALLOCATION - STATISTICAL BASIS

COST CENTER	0	CAP REL COST S - BLDGS & (SQUARE FEET	CAP REL COST S - MOVEABLE (SQUARE )FEET	EMPLOYEE BEN EFITS (GROSS )SALARIES	RECONCILIATION (	ADMINISTRATIVE & GENERAL ( ACCUM. COST	PLANT OPERATION, MAINT. (SQUARE )FEET
		1	2	3	4A	4	5
GENERAL SERVICE COST CENTERS							
001 CAP REL COSTS - BLDGS & F		25,090					
002 CAP REL COSTS - MOVEABLE							
003 EMPLOYEE BENEFITS							
004 ADMINISTRATIVE & GENERAL		2,839			-1,172,432	5,065,244	
005 PLANT OPERATION, MAINT. &		536				382,834	21,715
006 LAUNDRY & LINEN SERVICE		702				100,768	702
007 HOUSEKEEPING		351				240,392	351
008 DIETARY		3,335				583,110	3,335
009 NURSING ADMINISTRATION						111,365	
010 CENTRAL SERVICES & SUPPLY							
011 PHARMACY							
012 MEDICAL RECORDS & LIBRARY						34,824	
013 SOCIAL SERVICE		845				90,701	845
014 INTERNS & RESIDENTS (APPR							
015 ACTIVITIES						37,319	
INPATIENT ROUTINE SERVICE CENTERS							
016 SKILLED NURSING FACILITY		15,863				2,948,159	15,863
018 NURSING FACILITY							
019 OTHER LONG TERM CARE							
ANCILLARY SERVICE COST CENTERS							
021 RADIOLOGY						6,956	
022 LABORATORY						9,149	
023 INTRAVENOUS THERAPY							
024 OXYGEN (INHALATION) THERA							
025 PHYSICAL THERAPY		123				205,106	123
026 OCCUPATIONAL THERAPY		123				167,223	123
027 SPEECH PATHOLOGY		123				68,073	123
028 ELECTROCARDIOLOGY							
029 MEDICAL SUPPLIES CHARGED		123				37,474	123
030 DRUGS CHARGED TO PATIENTS					-197,170		
031 DENTAL CARE - TITLE XIX O							
032 SUPPORT SURFACES						39,814	
033 OTHER ANCILLARY SERVICE C							
OUTPATIENT SERVICE COST CENTERS							
034 CLINIC							
035 RURAL HEALTH CLINIC							
036 OTHER OUTPATIENT SERVICE							
OTHER REIMBURSABLE COST CENTERS							
048 AMBULANCE							
049 INTERNS & RESIDENTS (NOT							
050 CORF							
SPECIAL PURPOSE COST CENTERS							
055 HOSPICE							
056 OTHER SPECIAL PURPOSE COS							
057 SUBTOTALS		24,963			-1,369,602	5,063,267	21,588
NONREIMBURSABLE COST CENTERS							
058 GIFT, FLOWER, COFFEE SHOP						1,977	127
059 BARBER & BEAUTY SHOP		127					
060 PHYSICIANS' PRIVATE OFFIC							
061 NONPAID WORKERS							
062 PATIENTS' LAUNDRY							
063 OTHER NON REIMBURSABLE CO							
064 CROSS FOOT ADJUSTMENT							
065 NEGATIVE COST CENTER						1,172,432	471,447
066 COST TO BE ALLOCATED		390,591					
(WRKSHT B, PART I)						.231466	
067 UNIT COST MULTIPLIER		15.567597					21.710661
(WRKSHT B, PT I)						44,196	11,684
068 COST TO BE ALLOCATED							
(WRKSHT B, PART II)						.008725	
069 UNIT COST MULTIPLIER							.538061
(WRKSHT B, PT II)							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY
		(PATIENT DAYS)	(SQUARE FEET)	(MEALS SERVED)	(DIRECT NURSING)	(COSTED REQUIS.)	(COSTED REQUIS.)	(PATIENT DAYS)
		6	7	8	9	10	11	12
	GENERAL SERVICE COST CENTERS							
001	CAP REL COSTS - BLDGS & F							
002	CAP REL COSTS - MOVEABLE							
003	EMPLOYEE BENEFITS							
004	ADMINISTRATIVE & GENERAL							
005	PLANT OPERATION, MAINT. &							
006	LAUNDRY & LINEN SERVICE	34,496						
007	HOUSEKEEPING		20,662					
008	DIETARY		3,335	103,488				
009	NURSING ADMINISTRATION				132,868			
010	CENTRAL SERVICES & SUPPLY							
011	PHARMACY							
012	MEDICAL RECORDS & LIBRARY							34,496
013	SOCIAL SERVICE		845					
014	INTERNS & RESIDENTS (APPR							
015	ACTIVITIES							
	INPATIENT ROUTINE SERVICE CENTERS							
016	SKILLED NURSING FACILITY	34,496	15,863	103,488	132,868			34,496
018	NURSING FACILITY							
019	OTHER LONG TERM CARE							
	ANCILLARY SERVICE COST CENTERS							
021	RADIOLOGY							
022	LABORATORY							
023	INTRAVENOUS THERAPY							
024	OXYGEN (INHALATION) THERA							
025	PHYSICAL THERAPY		123					
026	OCCUPATIONAL THERAPY		123					
027	SPEECH PATHOLOGY		123					
028	ELECTROCARDIOLOGY							
029	MEDICAL SUPPLIES CHARGED		123					
030	DRUGS CHARGED TO PATIENTS							
031	DENTAL CARE - TITLE XIX O							
032	SUPPORT SURFACES							
033	OTHER ANCILLARY SERVICE C							
	OUTPATIENT SERVICE COST CENTERS							
034	CLINIC							
035	RURAL HEALTH CLINIC							
036	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURSABLE COST CENTERS							
048	AMBULANCE							
049	INTERNS & RESIDENTS (NOT							
050	CORF							
	SPECIAL PURPOSE COST CENTERS							
055	HOSPICE							
056	OTHER SPECIAL PURPOSE COS							
057	SUBTOTALS	34,496	20,535	103,488	132,868			34,496
	NONREIMBURSABLE COST CENTERS							
058	GIFT, FLOWER, COFFEE SHOP							
059	BARBER & BEAUTY SHOP		127					
060	PHYSICIANS' PRIVATE OFFIC							
061	NONPAID WORKERS							
062	PATIENTS' LAUNDRY							
063	OTHER NON REIMBURSABLE CO							
064	CROSS FOOT ADJUSTMENT							
065	NEGATIVE COST CENTER							
066	COST TO BE ALLOCATED	139,333	303,655	839,497	137,142			42,885
	(WRKSHT B, PART I)							
067	UNIT COST MULTIPLIER		14.696302		1.032167			
	(WRKSHT B, PT I)	4.039106		8.112023				1.243188
068	COST TO BE ALLOCATED	12,185	7,750	60,051	972			304
	(WRKSHT B, PART II)							
069	UNIT COST MULTIPLIER		.375085	.580270	.007316			.008813
	(WRKSHT B, PT II)	.353229						

Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (10/1999)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 I 11-5334 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I TO 6/30/2010 I

COST ALLOCATION - STATISTICAL BASIS

COST CENTER	SOCIAL SERVI CE (PATIENT DAYS	INTERNS & RE SIDENTS (APP (ASSIGNED )TIME	ACTIVITIES (PATIENT DAYS
	13	14	15
GENERAL SERVICE COST CENTERS			
001 CAP REL COSTS - BLDGS & F			
002 CAP REL COSTS - MOVEABLE			
003 EMPLOYEE BENEFITS			
004 ADMINISTRATIVE & GENERAL			
005 PLANT OPERATION, MAINT. &			
006 LAUNDRY & LINEN SERVICE			
007 HOUSEKEEPING			
008 DIETARY			
009 NURSING ADMINISTRATION			
010 CENTRAL SERVICES & SUPPLY			
011 PHARMACY			
012 MEDICAL RECORDS & LIBRARY			
013 SOCIAL SERVICE	34,496		
014 INTERNS & RESIDENTS (APPR			34,496
015 ACTIVITIES			
INPATIENT ROUTINE SERVICE CENTERS			
016 SKILLED NURSING FACILITY	34,496		34,496
018 NURSING FACILITY			
019 OTHER LONG TERM CARE			
ANCILLARY SERVICE COST CENTERS			
021 RADIOLOGY			
022 LABORATORY			
023 INTRAVENOUS THERAPY			
024 OXYGEN (INHALATION) THERA			
025 PHYSICAL THERAPY			
026 OCCUPATIONAL THERAPY			
027 SPEECH PATHOLOGY			
028 ELECTROCARDIOLOGY			
029 MEDICAL SUPPLIES CHARGED			
030 DRUGS CHARGED TO PATIENTS			
031 DENTAL CARE - TITLE XIX D			
032 SUPPORT SURFACES			
033 OTHER ANCILLARY SERVICE C			
OUTPATIENT SERVICE COST CENTERS			
034 CLINIC			
035 RURAL HEALTH CLINIC			
036 OTHER OUTPATIENT SERVICE			
OTHER REIMBURSABLE COST CENTERS			
048 AMBULANCE			
049 INTERNS & RESIDENTS (NOT			
050 CORF			
SPECIAL PURPOSE COST CENTERS			
055 HOSPICE			
056 OTHER SPECIAL PURPOSE COS			34,496
057 SUBTOTALS	34,496		
NONREIMBURSABLE COST CENTERS			
058 GIFT, FLOWER, COFFEE SHOP			
059 BARBER & BEAUTY SHOP			
060 PHYSICIANS' PRIVATE OFFIC			
061 NONPAID WORKERS			
062 PATIENTS' LAUNDRY			
063 OTHER NON REIMBURSABLE CO			
064 CROSS FOOT ADJUSTMENT			
065 NEGATIVE COST CENTER			45,957
066 COST TO BE ALLOCATED	142,459		
(PER WRKSHT B, PART I)			
067 UNIT COST MULTIPLIER			1.332241
(WRKSHT B, PT I)	4.129725		326
068 COST TO BE ALLOCATED	14,718		
(PER WRKSHT B, PART II)			
069 UNIT COST MULTIPLIER			.009450
(WRKSHT B, PT II)	.426658		

I PROVIDER NO:  
I 11-5334  
I

IN LIEU OF FORM CMS-2540-96 (07/1999)  
I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
I FROM 7/ 1/2009 I WORKSHEET C  
I TO 6/30/2010 I

	COST CENTER	(FROM WKST B, PT I, COL 18)	TOTAL CHARGES	RATIO OF COST TO CHARGES
		1	2	3
	ANCILLARY SERVICE COST CENTERS			
21	RADIOLOGY	8,566	1,248	6.863782
22	LABORATORY	11,267	2,052	5.490741
23	INTRAVENOUS THERAPY			
24	OXYGEN (INHALATION) THERA			
25	PHYSICAL THERAPY	257,059	487,700	5.27084
26	OCCUPATIONAL THERAPY	210,407	454,705	4.62733
27	SPEECH PATHOLOGY	88,308	182,225	4.84610
28	ELECTROCARDIOLOGY			
29	MEDICAL SUPPLIES CHARGED	50,626	502,201	1.00808
30	DRUGS CHARGED TO PATIENTS	197,170	189,459	1.040700
31	DENTAL CARE - TITLE XIX O			
32	SUPPORT SURFACES	49,030		
33	OTHER ANCILLARY SERVICE C			
	OUTPATIENT SERVICE COST CENTERS			
34	CLINIC			
35	RURAL HEALTH CLINIC			
36	OTHER OUTPATIENT SERVICE			
48	AMBULANCE			
75	TOTAL	872,433	1,819,590	

Charges for Ancillary & Disposition  
2008 —→ 2010  
552,588 1,819,590



Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (12/1999)  
 APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST AND I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 REDUCTION OF THERAPY COST FOR TITLE XVIII I 11-5334 I FROM 7/ 1/2009 I WORKSHEET D  
 I TO 6/30/2010 I PART I  
 I  
 I PPS  
 TITLE XVIII SKILLED NURSING FACILITY

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

COST CENTER	RATIO OF COST TO CHARGES 1	HEALTH CARE PROGRAM CHARGES		HEALTH CARE PROGRAM COSTS	
		PART A 2	PART B 3	PART A 4	PART B 5
ANCILLARY SERVICE COST CENTERS					
21 RADIOLOGY	6.863782	222		1,524	
22 LABORATORY	5.490741	1,329		7,297	
23 INTRAVENOUS THERAPY					
24 OXYGEN (INHALATION) THERA					
25 PHYSICAL THERAPY	.527084	324,800		171,197	
26 OCCUPATIONAL THERAPY	.462733	286,300		132,480	
27 SPEECH PATHOLOGY	.484610	117,185		56,789	
28 ELECTROCARDIOLOGY					
29 MEDICAL SUPPLIES CHARGED	.100808	101,967		10,279	
30 DRUGS CHARGED TO PATIENTS	1.040700	95,360		99,241	
31 DENTAL CARE - TITLE XIX D					
32 SUPPORT SURFACES					
33 OTHER ANCILLARY SERVICE C					
OUTPATIENT SERVICE COST CENTERS					
34 CLINIC					
35 RURAL HEALTH CLINIC					
36 OTHER OUTPATIENT SERVICE					
48 AMBULANCE					
75 TOTAL		927,163		478,807	

\* Line 48 columns 2 and 4 are for title v and XIX. No amounts should be entered here for title XVIII.

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

\* Line 48 columns 2 and 4 are for title V and XIX. No amounts should be entered here for title XVIII.



1	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS	34,496
2	PRIVATE ROOM DAYS	
3	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	3,980
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,555,355

6	GENERAL INPATIENT ROUTINE SERVICE CHARGES	
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
8	ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS	
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
10	ENTER SEMI-PRIVATE ROOM CHARGES FROM YOUR RECORDS	
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	5,555,355

16	ADJUSTED GENERAL INPATIENT-ROUTINE SERVICE COST-PER DIEM	161.04
17	PROGRAM ROUTINE SERVICE COST	640,939
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	640,939
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	375,715
21	PER DIEM CAPITAL RELATED COSTS	10.89
22	PROGRAM CAPITAL RELATED COST	43,342
23	INPATIENT ROUTINE SERVICE COST	597,597
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	597,597
26	ENTER THE PER DIEM LIMITATION	
27	INPATIENT ROUTINE SERVICE COST LIMITATION	
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	640,939

PART II - CALCULATION OF INPATIENT INTERN AND RESIDENTS COST FOR PPS PASSTHROUGH  
 >> FOR COST REPORTING PERIODS BEGINNING ON AND AFTER 07/01/98 <<2540-96 18.20.130.0



1	INPATIENT ANCILLARY SERVICES-PART A (SEE INSTRUCTIONS)	
2	INTERNS & RESIDENTS AND MEDICAL EDUCATION COST	
	FOR TITLE XVIII (SEE INSTRUCTIONS)	
3	TOTAL COSTS	
4	MEDICARE INPATIENT ANCILLARY CHARGES (SEE INSTRUCTIONS)	
5	INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS)	
6	COST OF COVERED SERVICES	
7	INPATIENT PPS AMOUNT (SEE INSTRUCTIONS)	1,596,720
8	PRIMARY PAYOR AMOUNTS	
9	COINSURANCE	393,546
10	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)	266,319
10.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEFORE 10/01/2005 (SEE INSTRUCTIONS)	
10.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	266,319
10.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON & AFTER 10/01/2005 (INSTR)	266,319
10.04	RECOVERY OF REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
11	UTILIZATION REVIEW	
12	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
13	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF ASSETS.	
14	SUBTOTAL (SEE INSTRUCTIONS)	1,469,493
15	SEQUESTRATION ADJUSTMENT	
16	INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,285,631
16.01	TENTATIVE ADJUSTMENT (FI ONLY)	183,862
16.20	OTHER ADJUSTMENTS (SPECIFY)	
17	BALANCE DUE PROVIDER/PROGRAM	
18	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2)	

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19  ANCILLARY SERVICES PART B
20  VACCINE COST (FROM WKST D, PART II, LINE 3)
21  INTERN AND RESIDENT COST (FROM WORKSHEET D-2)
22  TOTAL REASONABLE COSTS (SUM OF LINES 19 TO 21)
23  MEDICARE PART B ANCILLARY CHARGES (SEE INSTRUCTIONS)
24  INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS)
25  COST OF COVERED SERVICES
26  PRIMARY PAYOR AMOUNTS
27  COINSURANCE AND DEDUCTIBLES
28  REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)
29  RECOVERY OF UNREIMBURSED COST UNDER THE LESSER OF REASONABLE COST OR CUSTOMARY
    CHARGES
30  80% OF RECOVERY OF UNREIMBURSED COST UNDER THE LESSER OF REASONABLE COST OR
    CUSTOMARY CHARGES
31
32  DECREASE IN PROGRAM UTILIZATION
33  AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF
    ASSETS
34  SUBTOTAL
35  SEQUESTRATION AMOUNT
36  INTERIM PAYMENTS (SEE INSTRUCTIONS)
36.01 TENTATIVE ADJUSTMENT (FI ONLY)
36.20 OTHER ADJUSTMENTS (SPECIFY)
37  BALANCE DUE PROVIDER/PROGRAM
38  PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB.
    15-II, SECTION 115.2)

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Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (10/1998)  
 ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 I 11-5334 I FROM 7/ 1/2009 I WORKSHEET E-1  
 I I TO 6/30/2010 I

DESCRIPTION	INPATIENT-PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,203,174		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE".		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
PROGRAM TO PROVIDER	.01	82,457		
	.02			
	.03			
	.04			
	.05			
PROVIDER TO PROGRAM	.50			
	.51			
	.52			
	.53			
	.54			
	.99			
SUBTOTAL		82,457		NONE
4 TOTAL INTERIM PAYMENTS		1,285,631		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
PROGRAM TO PROVIDER	.01	1/31/2011 183,862		
	.02			
	.03			
PROVIDER TO PROGRAM	.50			
	.51			
	.52			
	.99			
SUBTOTAL		183,862		NONE
6 DETERMINED NET SETTLEMENT PROGRAM TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.50			
7 TOTAL MEDICARE PROGRAM LIABILITY		1,469,493		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 52280

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_/\_\_/\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE "PROVIDER TO PROGRAM," SHOW THE AMOUNT AND DATE  
 ON WHICH THE PROVIDER AGREES TO THE AMOUNT REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT  
 ACCOMPLISHED UNTIL A LATER DATE.

The Bill to  
 Medicare Program

LINE NO		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	ASSETS				
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	30,586			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	1,070,103			
5	OTHER RECEIVABLES	-17,449			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-383,337			
7	INVENTORY				
8	PREPAID EXPENSES	10,837			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	710,740			
	FIXED ASSETS				
12	LAND				
13	LAND IMPROVEMENTS				
14	LESS: ACCUMULATED DEPRECIATION				
15	BUILDINGS				
16	LESS: ACCUMULATED DEPRECIATION				
17	LEASEHOLD IMPROVEMENTS				
18	LESS: ACCUMULATED AMORTIZATION				
19	FIXED EQUIPMENT	37,183			
20	LESS: ACCUMULATED DEPRECIATION	-2,374			
21	AUTOMOBILES AND TRUCKS				
22	LESS: ACCUMULATED DEPRECIATION				
23	MAJOR MOVABLE EQUIPMENT	54,308			
24	LESS: ACCUMULATED DEPRECIATION	-5,694			
25	MINOR EQUIPMENT NONDEPRECIABLE				
26	OTHER FIXED ASSETS				
27	TOTAL FIXED ASSETS	83,423			
	OTHER ASSETS				
28	INVESTMENTS				
29	DEPOSITS ON LEASES				
30	DUE FROM OWNERS/OFFICERS	-1,238,940			
31	OTHER ASSETS	218,585			
32	TOTAL OTHER ASSETS	-1,020,355			
33	TOTAL ASSETS	-226,192			
LINE NO		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	LIABILITIES AND FUND BALANCE				
	CURRENT LIABILITIES				
34	ACCOUNTS PAYABLE	97,616			
35	SALARIES, WAGES & FEES PAYABLE	238,168			
36	PAYROLL TAXES PAYABLE	9,609			
37	NOTES AND LOANS PAYABLE (SHORT TERM)	480,342			
38	DEFERRED INCOME				
39	ACCELERATED PAYMENTS				
40	DUE TO OTHER FUNDS				
41	OTHER CURRENT LIABILITIES	106,886			
42	TOTAL CURRENT LIABILITIES	932,621			
	LONG TERM LIABILITIES				
43	MORTGAGE PAYABLE	165,787			
44	NOTES PAYABLE				
45	UNSECURED LOANS				
46	LOANS FROM A. PRIOR TO 7/1/66				
47	OWNERS B. ON OR AFTER 7/1/66				
48	OTHER LONG TERM LIABILITIES				
49	TOTAL LONG-TERM LIABILITIES	165,787			
50	TOTAL LIABILITIES	1,098,408			
	CAPITAL ACCOUNTS				
51	GENERAL FUND BALANCE	-1,324,600			
52	SPECIFIC PURPOSE FUND BALANCE				
53	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
54	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
55	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
56	PLANT FUND BALANCE-INVESTED IN PLANT				
57	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
58	TOTAL FUND BALANCES	-1,324,600			
59	TOTAL LIABILITIES AND FUND BALANCES	-226,192			

GENERAL FUND

**SPECIFIC PURPOSE FUND**

1	FUND BALANCE AT BEGINNING	-547,806
2	OF PERIOD	
3	NET INCOME (LOSS)	-776,797
4	TOTAL	-1,324,603
5	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)	
6		
7	ROUNDING	3
8		
9		
10	TOTAL ADDITIONS	3
11	SUBTOTAL	-1,324,600
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)	
13		
14		
15		
16		
17		
18	TOTAL DEDUCTIONS	
19	FUND BALANCE AT END OF	-1,324,600
	PERIOD PER BALANCE SHEET	

ENDOWMENT FUND

PLANT FUND

1	FUND BALANCE AT BEGINNING
2	OF PERIOD
3	NET INCOME (LOSS)
4	TOTAL
5	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)
6	ROUNDING
7	
8	
9	
10	TOTAL ADDITIONS
11	SUBTOTAL
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)
13	
14	
15	
16	
17	TOTAL DEDUCTIONS
18	FUND BALANCE AT END OF
19	PERIOD PER BALANCE SHEET



Health Financial Systems MCRIF32 FOR UNIHEALTH POST-ACUTE CARE OF AGUSTA IN LIEU OF FORM CMS-2540-96 (07/1996)  
 STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES I PROVIDER NO: I PERIOD: I PREPARED 6/ 5/2012 (11:42)  
 I 11-5334 I FROM 7/ 1/2009 I WORKSHEET G-2  
 I I TO 6/30/2010 I

REVENUE CENTER		PART I - PATIENT REVENUES		
		INPATIENT 1	OUTPATIENT 2	TOTAL 3
1	GENERAL INPATIENT ROUTINE CARE SERVICES			
2	SKILLED NURSING FACILITY	5,859,921		5,859,921
3	NURSING FACILITY			
3.10	ICF/HR			
4	OTHER LONG TERM CARE			
5	TOTAL GENERAL INPATIENT CARE SERVICES	5,859,921		5,859,921
6	ALL OTHER CARE SERVICES			
7	ANCILLARY SERVICES	1,819,589		1,819,589
8	CLINIC			
9	HOME HEALTH AGENCY			
10	AMBULANCE			
11	HOSPICE			
12	OUTPATIENT REHAB PROVIDER			
13				
14	TOTAL PATIENT REVENUES	7,679,510		7,679,510
PART II-OPERATING EXPENSES				
1	TOTAL OPERATING EXPENSES			6,776,852
2	ADD (SPECIFY)			
3				
4				
5				
6				
7				
8	TOTAL ADDITIONS			
9	DEDUCT (SPECIFY)			
10				
11				
12				
13				
14	TOTAL DEDUCTIONS			
15	TOTAL OPERATING EXPENSES			6,776,852

## STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO:

I 11-5334

I

I PERIOD:

I FROM 7/ 1/2009 I

I TO 6/30/2010 I

I PREPARED 6/ 5/2012 (11:42)

I WORKSHEET G-3

1	TOTAL PATIENT REVENUES	7,679,510
2	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,368,554
3	NET PATIENT REVENUES	6,310,956
4	LESS: TOTAL OPERATING EXPENSES	6,776,852
5	NET INCOME FROM SERVICE TO PATIENTS	-465,896
6	OTHER INCOME:	
7	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
8	INCOME FROM INVESTMENTS	
9	REVENUES FROM TELEPHONE AND TELEGRAPH SERVICE	
10	REVENUE FROM TELEVISION AND RADIO SERVICE	
11	PURCHASE DISCOUNTS	
12	REBATES AND REFUNDS OF EXPENSES	
13	PARKING LOT RECEIPTS	
14	REVENUE FROM LAUNDRY AND LINEN SERVICE	
15	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,158
16	REVENUE FROM RENTAL OF LIVING QUARTERS	
17	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
19	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
20	TUITION (FEES, SALES OF TEXTBOOKS, UNIFORMS ETC)	
21	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	
22	RENTAL OF VENDING MACHINES	1,232
23	RENTAL OF SKILLED NURSING SPACE	
24	GOVERNMENTAL APPROPRIATIONS	
25		
25.01	OTHER INCOME	9,409
26	TOTAL OTHER INCOME	11,799
27	TOTAL	-454,097
28		
29		
30	BAD DEBT EXPENSE	322,700
31	TOTAL OTHER EXPENSES	322,700
32	NET INCOME (OR LOSS) FOR THE PERIOD	-776,797

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0463

SKILLED NURSING FACILITY AND  
SKILLED NURSING FACILITY HEALTH  
CARE COMPLEX COST REPORT

I PROVIDER NO  
I 11-5700

I PERIOD I  
I FROM 7/1/2008 I WORKSHEET S  
I TO 6/30/2009 I PARTS I & II

INTERMEDIARY I [ ] AUDITED I DATE RECEIVED / /  
USE ONLY: I [ ] DESK REVIEWED I INTERMEDIARY NO.

I [ ] INITIAL [ ] RE-OPENED  
I [ ] FINAL

## PART I - CERTIFICATION

[ X ] ELECTRONIC FILED COST REPORT  
[ ] MANUALLY SUBMITTED COST REPORT

DATE: 11/23/2009  
TIME: 11:37

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THE COST REPORT MAY BE PUNISHABLE BY  
CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES  
IDENTIFIED IN THIS COST REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR  
WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED  
OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
(PROVIDER NAME(S) AND NUMBER(S))

BETHANY NURSING CTR OF MILLEN 11-5700  
FOR THE COST REPORT PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF,  
IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH  
APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING  
THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE  
WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

## PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
	1	A 2	B 3	4
1 SKILLED NURSING FACILITY	0	19,068	0	0
2 NURSING FACILITY	0			0
3.10 ICF/HR	0			0
4 SNF-BASED H H A I		0	0	
7 TOTAL	0	19,068	0	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated to average 64 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

2540-96 16.7.118.2

EXHIBIT  
14

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

1 STREET: 466 SOUTH GRAY ST P.O. BOX: 600  
 2 CITY: MILLEN STATE: GA ZIP CODE: 30442-0600  
 3 COUNTY: JENKINS MSA: 11 CBSA: 99911 URBAN / RURAL: R

3.10 FACILITY SPECIFIC RATE: 1 0.00 2  
 3.10 TRANSITION PERIOD - ENTER 1,2,3 OR 100: 100  
 3.20 WAGE INDEX ADJUSTMENT FACTOR: BEFORE OCTOBER 1 0.7659  
 3.20 WAGE INDEX ADJUSTMENT FACTOR: AFTER SEPTEMBER 30 0.7612

SNF AND SNF-BASED COMPONENT IDENTIFICATION:

PAYMENT SYSTEM  
(P, O OR N)

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	V	XVIII	XIX
4.00 SNF	BETHANY NURSING CTR OF MILLEN	11-5700	2.01	10/ 1/2005	N	P	P
7.00 SNF-BASED O.L.T.C.							

13 COST REPORTING PERIOD (mm/dd/yyyy) FROM: 7/ 1/2008 TO: 06/30/2009

14 TYPE OF CONTROL (SEE INSTRUCTIONS)

TYPE OF FREESTANDING SKILLED NURSING FACILITY

15 IS THIS AN ENTIRELY PARTICIPATING SKILLED NURSING FACILITY?

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I LINE 1 COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES, OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

% Y/N  
1 2

15.01 STAFFING 2.00  
 15.02 RECRUITMENT 0.00  
 15.03 RETENTION 0.00  
 15.04 TRAINING 0.00

16 IS THIS A PARTIALLY PARTICIPATING SKILLED NURSING FACILITY?

17 IS THIS SKILLED NURSING FACILITY UNIT OF A DOMICILIARY INSTITUTION?

18 IS THIS SKILLED NURSING FACILITY UNIT OF A REHABILITATION CENTER?

19 OTHER (SPECIFY)

N  
N  
N  
N

MISCELLANEOUS COST REPORTING INFORMATION

20 IF THIS IS A LOW OR NO MEDICARE UTILIZATION COST REPORT, ENTER "L" FOR LOW MEDICARE UTILIZATION, OR "N" FOR NO MEDICARE UTILIZATION.

21 IF THIS IS AN ALL-INCLUSIVE PROVIDER, ENTER THE METHOD USED. (SEE INSTRUCTION)

22 IS THE DIFFERENCE BETWEEN TOTAL INTERIM PAYMENTS AND THE NET COST COVERED SERVICE INCLUDED IN THE BALANCE SHEET? N

DEPRECIATION ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED

23 STRAIGHT LINE 125,194

24 DECLINING BALANCE

25 SUM OF THE YEAR'S DIGITS

26 SUM OF LINE 23 THRU 25 125,194

27 IF DEPRECIATION IS FUNDED, ENTER THE BALANCE AS OF THE END OF THE PERIOD.

28 WERE THERE ANY DISPOSALS OF CAPITAL ASSETS DURING THE COST REPORTING PERIOD? N

29 WAS ACCELERATED DEPRECIATION CLAIMED ON ANY ASSETS IN THE CURRENT OR ANY PRIOR COST REPORTING PERIOD? N

30 WAS ACCELERATED DEPRECIATION CLAIMED ON ASSETS ACQUIRED ON OR AFTER AUGUST 1, 1970 (SEE PRM 15-I, CHAPTER 1)? N

31 DID YOU CEASE TO PARTICIPATE IN THE MEDICARE PROGRAM AT END OF THE PERIOD TO WHICH THIS COST REPORT APPLIES. (SEE PRM 15-I, CHAPTER 1)? N

32 WAS THERE A SUBSTANTIAL DECREASE IN HEALTH INSURANCE PROPORTION OF ALLOWABLE COST FROM PRIOR COST REPORTING PERIODS. (SEE PRM 15-I, CHAPTER 1)? N



Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN IN LIEU OF FORM CMS-2540-96 (04/2006)  
 SKILLED NURSING FACILITY HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD: I PREPARED 11/23/2009 (11:37)  
 IDENTIFICATION DATA I 11-5700 I FROM 7/1/2008 I WORKSHEET S-2  
 I TO 6/30/2009 I

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

	PART A	PART B	OTHER		YES / NO
33	SNF	N	N		
36	SNF-BASED O.L.T.C.	N	N		
41	IS THIS SKILLED NURSING FACILITY EXEMPT FROM THE COST LIMITS?				NO
42	IS THIS NURSING FACILITY EXEMPT FROM THE COST LIMITS?				NO
43	IS THE SKILLED NURSING FACILITY LOCATED IN A STATE THAT CERTIFIES THE PROVIDER AS A SNF REGARDLESS OF THE LEVEL OF CARE GIVEN FOR TITLES V AND XIX PATIENTS?				YES
44	DID THE PROVIDER PARTICIPATE IN THE NHCMQ DEMONSTRATION DURING THE COST REPORTING PERIOD? IF YES, ENTER PHASE #				NO
45	LIST MALPRACTICE PREMIUMS AND PAID LOSSES:				
	PREMIUMS:	0			
	PAID LOSSES:	0			
	SELF INSURANCE:	0			
46	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, CHECK BOX, AND SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO
47	ARE YOU CLAIMING AMBULANCE COSTS?				1 NO 2 NO
48.00	IF LINE 47 IS YES, IN COL 1 ENTER THE PAYMENT LIMIT PROVIDED FROM YOUR INTERMEDIARY FOR THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COL 2 THE FEE SCHEDULE FOR THE DATE INDICATED IF APPLICABLE (DATE ON OR AFTER 4/1/2002), BUT NOT IF LINE 47, COL 2 IS YES.				EFF. DATE 0 0 0000 0.00 0
48.01	IF SECOND LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2, IF APPLICABLE, FOR DATE INDICATED.				0.00 0
48.02	IF THIRD LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2, IF APPLICABLE, FOR DATE INDICATED.				0.00 0
48.03	IF FOURTH LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2, IF APPLICABLE, FOR DATE INDICATED.				0.00 0
49	DID YOU OPERATE AN ICF/MR UNDER TITLE XIX? Y/N				NO
50	DID THIS FACILITY REPORT LESS THAN 1500 MEDICARE DAYS IN ITS PREVIOUS YEAR'S COST REPORT?				NO
51	IF LINE 50 IS YES, DID YOU FILE YOUR PREVIOUS YEARS COST REPORT USING THE "SIMPLIFIED" STEP-DOWN METHOD OF COST FINDING?				NO
52	IS THIS COST REPORT BEING FILED UNDER 42 CFR 413.321, THE "SIMPLIFIED" COST REPORT?				NO
53	ARE THERE ANY RELATED ORGANIZATIONS OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10? IF YES, AND THERE ARE COSTS FOR EITHER, ENTER THE APPLICABLE PROVIDER NUMBER IN COLUMN 2.				1 Y 2 NA 3
54	IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME IN COLUMN 1, THE FI/CONTRACTOR NAME IN COLUMN 2 AND THE FI/CONTRACTOR NUMBER IN COLUMN 3.				BETHANY HOME INC CAHABA GOVT BENEFIT ADMIN. 10201
55	ENTER THE STREET ADDRESS IN COLUMN 1 OR THE PO BOX IN COLUMN 2.				345 S. WALNUT STREET
56	ENTER THE CITY IN COLUMN 1, THE STATE IN COLUMN 2, AND THE ZIP CODE IN COLUMN 3.				STATESBORO, GA 30458

SKILLED NURSING FACILITY HEALTH CARE COMPLEX  
STATISTICAL DATAI PROVIDER NO:  
I 11-5700  
II PERIOD:  
I FROM 7/ 1/2008 I PREPARED 11/23/2009 (11:37)  
I TO 6/30/2009 I WORKSHEET S-3  
I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	TITLE V 3	INPATIENT DAYS TITLE XVIII 4	TITLE XIX 5	OTHER 6
1	SKILLED NURSING FACILITY	100	36,500		2,159	27,267	2,032
3	NURSING FACILITY						
4	OTHER LONG TERM CARE						
5	HOME HEALTH AGENCY						
9	TOTAL	100	36,500		2,159	27,267	2,032
10	AMBULANCE TRIPS (07/01/20)						

COMPONENT		INPAT DAYS TOTAL 7	TITLE V 8	TITLE XVIII 9	TITLE XIX 10	OTHER 11	TOTAL 12
1	SKILLED NURSING FACILITY	31,458		29	29	21	79
3	NURSING FACILITY						
4	OTHER LONG TERM CARE						
5	HOME HEALTH AGENCY						
9	TOTAL	31,458		29	29	21	79
10	AMBULANCE TRIPS (07/01/20)						

COMPONENT		TITLE V 13	AVERAGE LENGTH OF STAY TITLE XVIII 14		TITLE XIX 15	TOTAL 16	ADMISSIONS TITLE V 17		TITLE XVIII 18
1	SKILLED NURSING FACILITY		74.45	940.24	398.20			33	
3	NURSING FACILITY								
4	OTHER LONG TERM CARE								
5	HOME HEALTH AGENCY								
9	TOTAL		74.45	940.24	398.20			33	
10	AMBULANCE TRIPS (07/01/20)								

COMPONENT		TITLE XIX 19	ADMISSIONS OTHER 20		TOTAL 21	FULL TIME EQUIVALENT EMPLOYEES ON PAYROLL 22		NONPAID WORKERS 23
1	SKILLED NURSING FACILITY	23	25	81	97.00			
3	NURSING FACILITY							
4	OTHER LONG TERM CARE							
5	HOME HEALTH AGENCY							
9	TOTAL	23	25	81	97.00			
10	AMBULANCE TRIPS (07/01/20)							

Health Financial Systems MCRIF32  
 SNF WAGE INDEX INFORMATION  
 SKILLED NURSING FACILITY HEALTH CARE COMPLEX  
 STATISTICAL DATA

FOR BETHANY NURSING CTR OF MILLEN  
 I PROVIDER NO:  
 I 11-5700  
 I

IN LIEU OF FORM CMS-2540-96 (07/1996)  
 I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I FROM 7/1/2008 I WORKSHEET S-3  
 I TO 6/30/2009 I PART II

EXHIBIT 14

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 TOTAL SALARY	2,356,081		2,356,081	202,267.00	11.65	
2 PHYSICIAN SALARIES - PART A						
3 PHYSICIAN SALARIES - PART B						
4 INTERNS & RESIDENTS (APPROVED)						
5 HOME OFFICE PERSONNEL						
6 SUM OF LINES 2 THRU 5						
7 REVISED WAGES (L1 MINUS L6)	2,356,081		2,356,081	202,267.00	11.65	
8 OTHER LONG TERM CARE						
9 OTHER INPATIENT ROUTINE SERVICE						
10 INTERNS & RESIDENTS (NOT IN APPROVED PRGM)						
11 HHA						
12 CORF AND CMHC						
13 HOSPICE						
14 NON-REIMBURSABLE						
15 TOTAL EXCLUDED SALARY						
16 SUBTOTAL	2,356,081		2,356,081	202,267.00	11.65	
17 CONTRACT LABOR: PATIENT						CMS 339
18 HOME OFFICE SALARIES & WAGE RELATED COSTS						
19 WAGE RELATED COSTS (CORE)	551,194		551,194			CMS 339
20 WAGE RELATED COSTS (OTHER)						CMS 339
21 WAGE RELATED COSTS (EXCLUDED)						CMS 339
22 SUBTOTAL	551,194		551,194		.2339	
23 TOTAL	2,907,275		2,907,275	202,267.00	14.37	
24 CONTRACT LABOR: PHYSICIAN SERVICES PART A						

2540-96 16.7.118.2

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
 SNF WAGE INDEX INFORMATION I PROVIDER NO:  
 SKILLED NURSING FACILITY HEALTH CARE COMPLEX I 11-5700  
 STATISTICAL DATA I

IN LIEU OF FORM CMS-2540-96 (07/1996)  
 I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I FROM 7/ 1/2008 I WORKSHEET S-3  
 I TO 6/30/2009 I PART III

EXHIBIT 14

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5
1 EMPLOYEE BENEFITS					
2 ADMINISTRATIVE & GENERAL	230,101		230,101	11,159.00	20.62
3 PLANT OPERATION, MAINT. & REPAIRS	77,191		77,191	5,193.00	14.86
4 LAUNDRY & LINEN SERVICE	47,918		47,918	5,626.00	8.52
5 HOUSEKEEPING	138,305		138,305	15,943.00	8.67
6 DIETARY	241,749		241,749	26,916.00	8.98
7 NURSING ADMINISTRATION					
8 CENTRAL SERVICES & SUPPLY					
9 PHARMACY					
10 MEDICAL RECORDS & LIBRARY	18,367		18,367	2,015.00	9.12
11 SOCIAL SERVICE	24,770		24,770		
12 INTERNS & RESIDENTS (APPRVD PROG)					
13 OTHER GENERAL SERVICES					
14 TOTAL (SUM LINES 1 THRU 13)	778,401		778,401	66,852.00	11.64

2540-96 16.7.118.2



Health Financial Systems MCRIF32

FOR BETHANY NURSING CTR OF MILLEN

IN LIEU OF FORM CMS-2540-96 (04/2006)

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATAI PROVIDER NO:  
I 11-5700  
II PERIOD: I PREPARED 11/23/2009 (11:37)  
I FROM 7/ 1/2008 I WORKSHEET S-7  
I TO 6/30/2009 I PART IV

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	10/1 DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	4.03
001	RUC						
002	RUB						
003	RUA						
003 .01	RUX						
003 .02	RUL						
004	RVC		29				
005	RVB		43				
006	RVA		16				
006 .01	RVX		32				
006 .02	RVL		16				
007	RHC		280				
008	RHB		288				
009	RHA		136				
009 .01	RHX						
009 .02	RHL						
010	RWC		34				
011	RWB		60				
012	RWA		32				
012 .01	RWX		339				
012 .02	RML		168				
013	RLB						
014	RLA						
014 .01	RLX						
015	SE3		280				
016	SE2		318				
017	SE1						
018	SSC						
019	SSB						
020	SSA		36				
021	CC2						
022	CC1						
023	CB2						
024	CB1						
025	CA2						
026	CA1						
027	IB2		14				
028	IB1						
029	IA2		28				
030	IA1						
031	BB2						
032	BB1						
033	BA2						
034	BA1						
035	PE2						
036	PE1						
037	PD2						
038	PD1						
039	PC2						
040	PC1						
041	PB2						
042	PB1						
043	PA2						
044	PA1		10				
045	AAA		2,159				
046	TOTAL						

(1) The RUG III category represents the PPS period. Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on or after October 1st.

Worksheet S-2 reference data:

Transition Period : 100% Federal  
Wage Index Factor (before 10/01): 0.7659  
Wage Index Factor (after 10/01): 0.7612  
SNF Facility Specific Rate : 0.00  
Urban/Rural Designation : RURAL  
SNF MSA Code : 11  
SNF CBSA Code : 99911

2540-96 16.7.118.2

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATAI PROVIDER NO:  
I 11-5700  
II PERIOD: I PREPARED 11/23/2009 (11:37)  
I FROM 7/ 1/2008 I WORKSHEET S-7  
I TO 6/30/2009 I PART IV

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	TOTAL
1	2	4.05	5
001	RUC		
002	RUB		
003	RUA		
003 .01	RUX		
003 .02	RUL		
004	RVC		
005	RVB		
006	RVA		
006 .01	RVX		
006 .02	RVL		
007	RHC		
008	RHB		
009	RHA		
009 .01	RHX		
009 .02	RHL		
010	RMC		
011	RMB		
012	RMA		
012 .01	RMX		
012 .02	RML		
013	RLB		
014	RLA		
014 .01	RLX		
015	SE3		
016	SE2		
017	SE1		
018	SSC		
019	SSB		
020	SSA		
021	CC2		
022	CC1		
023	CB2		
024	CB1		
025	CA2		
026	CA1		
027	IB2		
028	IB1		
029	IA2		
030	IA1		
031	BB2		
032	BB1		
033	BA2		
034	BA1		
035	PE2		
036	PE1		
037	PD2		
038	PD1		
039	PC2		
040	PC1		
041	PB2		
042	PB1		
043	PA2		
044	PA1		
045	AAA		
046	TOTAL		

(2) Enter in column 4.05 those days which are contained in either 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGS receive a 20% payment increase added to the total in column 5.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.7659  
 Wage Index Factor (after 10/01) : 0.7612  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 11  
 SNF CBSA Code : 99911

2540-96 16.7.118.2

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 11-5700  
II PERIOD:  
I FROM 7/ 1/2008 I PREPARED 11/23/2009 (11:37)  
I TO 6/30/2009 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CENTERS					
1	0100	CAP REL COSTS - BLDGS & FIXTURES		147,517	147,517		147,517
2	0200	CAP REL COSTS - MOVABLE EQUIPMENT		35,219	35,219		35,219
3	0300	EMPLOYEE BENEFITS		551,194	551,194		551,194
4	0400	ADMINISTRATIVE & GENERAL	230,101	753,803	983,904		983,904
5	0500	PLANT OPERATION, MAINT. & REPAIRS	77,191	230,339	307,530		307,530
6	0600	LAUNDRY & LINEN SERVICE	47,918	24,282	72,200		72,200
7	0700	HOUSEKEEPING	138,305	35,334	173,639		173,639
8	0800	DIETARY	241,749	207,551	449,300	-45,372	403,928
9	0900	NURSING ADMINISTRATION		396	18,763		18,763
12	1200	MEDICAL RECORDS & LIBRARY	18,367	9,998	34,768		34,768
13	1300	SOCIAL SERVICE	24,770				
		INPATIENT ROUTINE SERVICE CENTERS					
16	1600	SKILLED NURSING FACILITY	1,577,680	176,132	1,753,812		1,753,812
18	1800	NURSING FACILITY					
19	1900	OTHER LONG TERM CARE					
		ANCILLARY SERVICE COST CENTERS					
21	2100	RADIOLOGY					
22	2200	LABORATORY		8,554	8,554		8,554
23	2300	INTRAVENOUS THERAPY					
24	2400	OXYGEN (INHALATION) THERAPY					
25	2500	PHYSICAL THERAPY		76,323	76,323		76,323
26	2600	OCCUPATIONAL THERAPY		65,079	65,079		65,079
27	2700	SPEECH PATHOLOGY		27,081	27,081		27,081
28	2800	ELECTROCARDIOLOGY					
29	2900	MEDICAL SUPPLIES CHARGED TO PATIENT					
30	3000	DRUGS CHARGED TO PATIENTS		92,964	92,964		92,964
32	3200	SUPPORT SURFACES					
33	3050	OTHER ANCILLARY SERVICES				45,372	45,372
		SPECIAL PURPOSE COST CENTERS					
52	5200	MALPRACTICE PREMIUMS & PAID LOSSES					
53	5300	INTEREST EXPENSE					
54	5400	UTILIZATION REVIEW - SNF					
57		SUBTOTALS	2,356,081	2,441,766	4,797,847	-0-	4,797,847
		NONREIMBURSABLE COST CENTERS					
58	5800	GIFT, FLOWER, COFFEE SHOPS & CANTEE					
59	5900	BARBER & BEAUTY SHOP		677	677		677
63	6150	OTHER NONREIMBURSABLE COST					
75		TOTAL	2,356,081	2,442,443	4,798,524	-0-	4,798,524

2540-96 16.7.118.2

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 11-5700  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS TO EXPENSES FOR 6	NET EXPENSES FOR CST ALLOC 7
	GENERAL SERVICE COST CENTERS		
1 0100	CAP REL COSTS - BLDGS & FIXTURES	-5,501	142,016
2 0200	CAP REL COSTS - MOVABLE EQUIPMENT	1,978	37,197
3 0300	EMPLOYEE BENEFITS		551,194
4 0400	ADMINISTRATIVE & GENERAL	-348,323	635,581
5 0500	PLANT OPERATION, MAINT. & REPAIRS		307,530
6 0600	LAUNDRY & LINEN SERVICE		72,200
7 0700	HOUSEKEEPING		173,639
8 0800	DIETARY		403,928
9 0900	NURSING ADMINISTRATION		
12 1200	MEDICAL RECORDS & LIBRARY		18,763
13 1300	SOCIAL SERVICE	-3,457	31,311
	INPATIENT ROUTINE SERVICE CENTERS		
16 1600	SKILLED NURSING FACILITY		1,753,812
18 1800	NURSING FACILITY		
19 1900	OTHER LONG TERM CARE		
	ANCILLARY SERVICE COST CENTERS		
21 2100	RADIOLOGY		
22 2200	LABORATORY		8,554
23 2300	INTRAVENOUS THERAPY		
24 2400	OXYGEN (INHALATION) THERAPY		
25 2500	PHYSICAL THERAPY		76,323
26 2600	OCCUPATIONAL THERAPY		65,079
27 2700	SPEECH PATHOLOGY		27,081
28 2800	ELECTROCARDIOLOGY		
29 2900	MEDICAL SUPPLIES CHARGED TO PATIENT		
30 3000	DRUGS CHARGED TO PATIENTS	-12,170	80,794
32 3200	SUPPORT SURFACES		
33 3050	OTHER ANCILLARY SERVICES		45,372
	SPECIAL PURPOSE COST CENTERS		
52 5200	MALPRACTICE PREMIUMS & PAID LOSSES		-0-
53 5300	INTEREST EXPENSE		-0-
54 5400	UTILIZATION REVIEW - SNF		-0-
57	SUBTOTALS	-367,473	4,430,374
	NONREIMBURSABLE COST CENTERS		
58 5800	GIFT, FLOWER, COFFEE SHOPS & CANTEE		
59 5900	BARBER & BEAUTY SHOP		677
63 6150	OTHER NONREIMBURSABLE COST		
75	TOTAL	-367,473	4,431,051

2540-96 16.7.118.2



Health Financial Systems MCRIF32  
COST CENTERS USED IN COST REPORT

FOR BETHANY NURSING CTR OF MILLEN  
I PROVIDER NO:  
I 11-5700  
I

IN LIEU OF FORM CMS-2540-96 (01/2001)  
I PERIOD: I PREPARED 11/23/2009 (11:37)  
I FROM 7/ 1/2008 I NOT A CMS WORKSHEET  
I TO 6/30/2009 I

EXHIBIT 14

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS - BLDGS & FIXTURES	0100	
2	CAP REL COSTS - MOVABLE EQUIPMENT	0200	
3	EMPLOYEE BENEFITS	0300	
4	ADMINISTRATIVE & GENERAL	0400	
5	PLANT OPERATION, MAINT. & REPAIRS	0500	
6	LAUNDRY & LINEN SERVICE	0600	
7	HOUSEKEEPING	0700	
8	DIETARY	0800	
9	NURSING ADMINISTRATION	0900	
12	MEDICAL RECORDS & LIBRARY	1200	
13	SOCIAL SERVICE	1300	
	INPATIENT ROUTINE SERVICE CENTERS		
16	SKILLED NURSING FACILITY	1600	
18	NURSING FACILITY	1800	
19	OTHER LONG TERM CARE	1900	
	ANCILLARY SERVICE COST CENTERS		
21	RADIOLOGY	2100	
22	LABORATORY	2200	
23	INTRAVENOUS THERAPY	2300	
24	OXYGEN (INHALATION) THERAPY	2400	
25	PHYSICAL THERAPY	2500	
26	OCCUPATIONAL THERAPY	2600	
27	SPEECH PATHOLOGY	2700	
28	ELECTROCARDIOLOGY	2800	
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	2900	
30	DRUGS CHARGED TO PATIENTS	3000	
32	SUPPORT SURFACES	3200	
33	OTHER ANCILLARY SERVICES	3050	OTHER ANCILLARY SERVICE COST CENTERS
	SPECIAL PURPOSE COST CENTERS		
52	MALPRACTICE PREMIUMS & PAID LOSSES	5200	
53	INTEREST EXPENSE	5300	
54	UTILIZATION REVIEW - SNF	5400	
57	SUBTOTALS		
	NONREIMBURSABLE COST CENTERS		
58	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	5800	
59	BARBER & BEAUTY SHOP	5900	
63	OTHER NONREIMBURSABLE COST	6150	OTHER NONREIMBURSABLE COST
75	TOTAL		

2540-96 16.7.118.2

COST ALLOCATION STATISTICS

I PROVIDER NO:  
I 11-5700  
I

I PERIOD:  
I FROM 7/ 1/2008 I PREPARED 11/23/2009 (11:37)  
I TO 6/30/2009 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
1	GENERAL SERVICE COST CENTERS	1	SQUARE FEET	ENTERED
2	CAP REL COSTS - BLDGS & FIXTURES	2	SQUARE FEET	ENTERED
3	CAP REL COSTS - MOVABLE EQUIPMENT	3	GROSS SALARIES	ENTERED
4	EMPLOYEE BENEFITS	#	ACCUM. COST	NOT ENTERED
5	ADMINISTRATIVE & GENERAL	4	SQUARE FEET	ENTERED
6	PLANT OPERATION, MAINT. & REPAIRS	5	POUNDS OF LAUNDRY	ENTERED
7	LAUNDRY & LINEN SERVICE	4	SQUARE FEET	ENTERED
8	HOUSEKEEPING	7	MEALS SERVED	ENTERED
9	DIETARY	#	ACCUM. COST	NOT ENTERED
12	NURSING ADMINISTRATION	#	ACCUM. COST	NOT ENTERED
13	MEDICAL RECORDS & LIBRARY	#	ACCUM. COST	NOT ENTERED
13	SOCIAL SERVICE	#	ACCUM. COST	NOT ENTERED

2540-96 16.7.118.2

Health Financial Systems MCRIF32  
RECLASSIFICATIONS

FOR BETHANY NURSING CTR OF MILLEN

PROVIDER NO:  
115700

IN LIEU OF FORM CMS-2540-96 (07/1999)  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/23/2009  
WORKSHEET A-6

EXHIBIT 14

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS PEN COSTS FROM DIETARY		A	33		45,372
36 TOTAL RECLASSIFICATIONS					45,372

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

2540-96 16.7.118.2

Health Financial Systems MCRIF32  
RECLASSIFICATIONS

FOR BETHANY NURSING CTR OF MILLEN

PROVIDER NO:  
115700

IN LIEU OF FORM CMS-2540-96 (07/1999)  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/23/2009  
WORKSHEET A-6

EXHIBIT 14

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER
			LINE NO			
1 RECLASS PEN COSTS FROM DIETARY	1	6				
36 TOTAL RECLASSIFICATIONS		A DIETARY	8			45,372

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.

2540-96 16.7.118.2



Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
 ANALYSIS OF CHANGES DURING COST REPORTING I PROVIDER NO:  
 PERIOD IN CAPITAL ASSET BALANCES I 11-5700  
 I

IN LIEU OF FORM CMS-2540-96 (07/1996)  
 I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I FROM 7/ 1/2008 I SUPPLEMENTAL  
 I TO 6/30/2009 I WORKSHEET A-7

EXHIBIT 14

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6
		PURCHASE 2	DONATION 3			
1 LAND	2,093					2,093
2 LAND IMPROVEMENTS	115,545					115,545
3 BUILDINGS & FIXTURES	2,978,722	80,587		80,587		3,059,309
4 BUILDING IMPROVEMENTS						
5 FIXED EQUIPMENT	469,613	39,449		39,449		509,062
6 MOVABLE EQUIPMENT	726,983	13,099		13,099		740,082
7 TOTAL	4,292,956	133,135		133,135		4,426,091

2540-96 16.7.118.2

(1) DESCRIPTION	(2) BASIS FOR ADJUST- MENT	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	
			COST CENTER	LINE NO
1 INVESTMENT INCOME ON RESTRICTED FUNDS (CHAPTER 2)	B	-3,725	CAP REL COSTS - BLDGS & F	1
2 TRADE, QUANTITY, & TIME DISCOUNTS ON PURC (CHAP 8)				
3 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)				
4 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)				
5 TELEPHONE SERVICES (PAY STATIONS EXCLUDE)(CHAP 21)				
6 TELEVISION AND RADIO SERVICE (CHAPTER 21)				
7 PARKING LOT (CHAPTER 21)				
8 REMUNERATION APPLIC TO PROV-BASED PHYSICIAN ADJMN	A-8-2			
9 HOME OFFICE COSTS (CHAPTER 21)	B	81,777	ADMINISTRATIVE & GENERAL	4
10 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)				
11 NONALLOWABLE CSTS RELTD TO CERT CAPITAL EXP (CH24)				
12 ADJ RESULTING FRM TRANSACTIONS W/RELTD ORGS (CH10)	A-8-1			
13 LAUNDRY & LINEN SERVICE				
14 REVENUE - EMPLOYEE MEALS				
15 COST OF MEALS - GUESTS				
16 SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS				
17 SALE OF DRUGS TO OTHER THAN PATIENTS				
18 SALE OF MEDICAL RECORDS AND ABSTRACTS				
19 VENDING MACHINES				
20 INCOME FRM IMPOSITION OF INT, FINANCE OR PEN (C21)				
21 INT EXP MC OVRPYMTS & BORROWINGS REPAY MC OVRPYMNT				
22 ADJUSTMENT FOR SPEECH THERAPY - SNF	A-8-5		SPEECH PATHOLOGY	27
23 ADJUSTMENT FOR OCCUPATIONAL THERAPY - SNF	A-8-5		OCCUPATIONAL THERAPY	26
24 ADJUSTMENT FOR RESPIRATORY THERAPY - SNF	A-8-5		OXYGEN (INHALATION) THERA	24
25 ADJUSTMENT FOR PHYSICAL THERAPY - SNF	A-8-5		PHYSICAL THERAPY	25
26 ADJUST FOR HHA PHYS THRPY COSTS IN EXCESS OF LIMIT	A-8-3		**COST CENTER DELETED**	39
27 SUBTOTAL (SUM OF LINES 1-26)		78,052		
28 UTILIZATION REVIEW-PHYSICIANS' COMPENSATION(CH21)			UTILIZATION REVIEW - SNF	54
29 DEPRECIATION--BUILDINGS AND FIXTURES			CAP REL COSTS - BLDGS & F	1
30 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS - MOVABLE E	2
31 BAD DEBTS	A	-71,726	ADMINISTRATIVE & GENERAL	4
31.20 MEDICAID PROVIDER FEES	A	-358,374	ADMINISTRATIVE & GENERAL	4
31.21 VA DRUG COSTS	A	-12,170	DRUGS CHARGED TO PATIENTS	30
31.22 CAPITAL RELATED HO COSTS	A	3,115	CAP REL COSTS - BLDGS & F	1
31.23 CAPITAL RELATED HO COSTS MAJ	A	1,978	CAP REL COSTS - MOVABLE E	2
31.24 RESIDENT GIFTS	A	-3,457	SOCIAL SERVICE	13
31.25				
31.26 HOME OFFICE INT. INCOME	A	-4,891	CAP REL COSTS - BLDGS & F	1
32 TOTAL		-367,473		

(1) DESCRIPTION--ALL CHAPTER REFERENCES IN THIS COLUMN PERTAIN TO CMS PUB. 15-I

(2) BASIS FOR ADJUSTMENT (SEE INSTRUCTIONS)

A. COSTS-IF COSTS, INCLUDING APPLICABLE OVERHEAD, CAN BE DETERMINED.

B. AMOUNT RECEIVED-IF COST CANNOT BE DETERMINED.

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
STATEMENT OF COSTS OF SERVICES I PROVIDER NO:  
FROM RELATED ORGANIZATIONS I 11-5700

IN LIEU OF FORM CMS-2540-96 ((10/1998))  
I PERIOD: I PREPARED 11/23/2009 (11:37)  
I FROM 7/1/2008 I SUPPLEMENTAL  
I TO 6/30/2009 I WORKSHEET A-8-1

EXHIBIT 14

A. ARE THERE ANY COSTS INCLUDED ON WORKSHEET A WHICH RESULTED FROM TRANSACTIONS WITH RELATED ORGANIZATIONS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10?  
YES (IF "YES," COMPLETE PARTS B AND C)  
X NO

B. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS:  
LOCATION AND AMOUNT INCLUDED ON WORKSHEET A, COLUMN 5

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT	AMOUNT ALLOWABLE IN COST	ADJUSTMENTS
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	TOTALS				

C. INTERRELATIONSHIP OF PROVIDER TO RELATED ORGANIZATION(S):  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART C OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES. IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL, REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

(1) SYMBOL	NAME	PERCENTAGE OF OWNERSHIP	RELATED NAME	ORGANIZATION (S) PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP PROVIDER TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

2540-96 16.7.118.2

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:  
I 11-S700  
II PERIOD:  
I FROM 7/ 1/2008 I PREPARED 11/23/2009 (11:37)  
I TO 6/30/2009 I WORKSHEET 8  
I PART I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAP REL COST S - BLDGS &	CAP REL COST S - MOVABLE	EMPLOYEE BEN EFITS	SUBTOTAL	ADMINISTRATI VE & GENERAL	PLANT OPERAT ION, MAINT.
	0	1	2	3	3A	4	5
001 GENERAL SERVICE COST CENTERS							
002 CAP REL COSTS - BLDGS & F	142,016	142,016					
003 CAP REL COSTS - MOVABLE E	37,197		37,197				
004 EMPLOYEE BENEFITS	551,194			551,194			
005 ADMINISTRATIVE & GENERAL	635,581	3,347	877	53,831	693,636	693,636	
006 PLANT OPERATION, MAINT. &	307,530	7,929	2,077	18,058	335,594	62,284	397,878
007 LAUNDRY & LINEN SERVICE	72,200	4,955	1,298	11,210	89,663	16,641	15,081
008 HOUSEKEEPING	173,639	694	182	32,356	206,871	38,394	2,111
009 DIETARY	403,928	21,510	5,634	56,556	487,628	90,500	65,460
010 NURSING ADMINISTRATION		1,758	460		2,218	412	5,349
012 MEDICAL RECORDS & LIBRARY	18,763	2,643	692	4,297	26,395	4,899	8,043
013 SOCIAL SERVICE	31,311	737	193	5,795	38,036	7,059	2,242
016 INPATIENT ROUTINE SERVICE CENTERS							
018 SKILLED NURSING FACILITY	1,753,812	95,351	24,973	369,091	2,243,227	416,325	290,182
019 NURSING FACILITY							
021 OTHER LONG TERM CARE							
022 ANCILLARY SERVICE COST CENTERS							
023 RADIOLOGY							
024 LABORATORY	8,554				8,554	1,588	
025 INTRAVENOUS THERAPY							
026 OXYGEN (INHALATION) THERA							
027 PHYSICAL THERAPY	76,323	740	194		77,257	14,338	2,252
028 OCCUPATIONAL THERAPY	65,079	740	194		66,013	12,251	2,252
029 SPEECH PATHOLOGY	27,081	119	31		27,231	5,054	362
030 ELECTROCARDIOLOGY							
032 MEDICAL SUPPLIES CHARGED							
033 DRUGS CHARGED TO PATIENTS	80,794	330	87		81,211	15,072	1,005
052 SUPPORT SURFACES							
053 OTHER ANCILLARY SERVICES	45,372				45,372	8,421	
054 SPECIAL PURPOSE COST CENTERS							
057 MALPRACTICE PREMIUMS & PA							
058 INTEREST EXPENSE							
059 UTILIZATION REVIEW - SNF							
063 SUBTOTALS	4,430,374	140,853	36,892	551,194	4,428,906	693,238	394,339
064 NONREIMBURSABLE COST CENTERS							
065 GIFT, FLOWER, COFFEE SHOP	677	1,163	305		2,145	398	3,539
066 BARBER & BEAUTY SHOP							
067 OTHER NONREIMBURSABLE COS							
068 CROSS FOOT ADJUSTMENT							
069 NEGATIVE COST CENTER							
075 TOTAL	4,431,051	142,016	37,197	551,194	4,431,051	693,636	397,878

2540-96 16.7.118.2



Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN IN LIEU OF FORM CMS-2540-96 (10/1999)  
 COST ALLOCATION - GENERAL SERVICE COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I 11-5700 I FROM 7/ 1/2008 I WORKSHEET B  
 I I TO 6/30/2009 I PART I

COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	SUBTOTAL	NURSING ADMINISTRATION	SUBTOTAL	MEDICAL RECORDS & LIBRARY
	6	7	8	8A	9	9A	12
001 GENERAL SERVICE COST CENTERS							
002 CAP REL COSTS - BLDGS & F							
003 CAP REL COSTS - MOVABLE E							
004 EMPLOYEE BENEFITS							
005 ADMINISTRATIVE & GENERAL							
006 PLANT OPERATION, MAINT. &							
007 LAUNDRY & LINEN SERVICE	121,385						
008 HOUSEKEEPING	6,290	253,666					
009 DIETARY		43,619	687,207				
012 NURSING ADMINISTRATION		3,564	6,861	18,404	18,404		
013 MEDICAL RECORDS & LIBRARY		5,359	6,861	51,557	215	51,772	51,772
016 SOCIAL SERVICE		1,494	6,861	55,692	232	55,924	661
018 INPATIENT ROUTINE SERVICE CENTERS							
019 SKILLED NURSING FACILITY	115,095	193,359	666,624	3,924,812	16,370	3,941,182	46,593
021 NURSING FACILITY							
022 OTHER LONG TERM CARE							
023 ANCILLARY SERVICE COST CENTERS							
024 RADIOLOGY				10,142	42	10,184	120
025 LABORATORY							
026 INTRAVENOUS THERAPY							
027 OXYGEN (INHALATION) THERA							
028 PHYSICAL THERAPY		1,501		95,348	398	95,746	1,132
029 OCCUPATIONAL THERAPY		1,501		82,017	342	82,359	974
030 SPEECH PATHOLOGY		241		32,888	137	33,025	390
032 ELECTROCARDIOLOGY							
033 MEDICAL SUPPLIES CHARGED							
034 DRUGS CHARGED TO PATIENTS		670		97,958	409	98,367	1,163
035 SUPPORT SURFACES							
036 OTHER ANCILLARY SERVICES				53,793	224	54,017	639
037 SPECIAL PURPOSE COST CENTERS							
052 MALPRACTICE PREMIUMS & PA							
053 INTEREST EXPENSE							
054 UTILIZATION REVIEW - SNF							
057 SUBTOTALS	121,385	251,308	687,207	4,422,611	18,369	4,422,576	51,672
058 NONREIMBURSABLE COST CENTERS							
059 GIFT, FLOWER, COFFEE SHOP							
063 BARBER & BEAUTY SHOP		2,358		8,440	35	8,475	100
064 OTHER NONREIMBURSABLE COS							
065 CROSS FOOT ADJUSTMENT							
065 NEGATIVE COST CENTER							
075 TOTAL	121,385	253,666	687,207	4,431,051	18,404	4,431,051	51,772

2540-96 16.7.118.2

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN IN LIEU OF FORM CMS-2540-96 (10/1999)  
 COST ALLOCATION - GENERAL SERVICE COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I 11-5700 I FROM 7/ 1/2008 I WORKSHEET B  
 I I TO 6/30/2009 I PART I

COST CENTER	SUBTOTAL 12A	SOCIAL SERVI CE 13	SUBTOTAL 16	POST STEPPDOWN ADJUSTMENT 17	TOTAL 18
GENERAL SERVICE COST CENTERS					
001 CAP REL COSTS - BLDGS & F					
002 CAP REL COSTS - MOVABLE E					
003 EMPLOYEE BENEFITS					
004 ADMINISTRATIVE & GENERAL					
005 PLANT OPERATION, MAINT. &					
006 LAUNDRY & LINEN SERVICE					
007 HOUSEKEEPING					
008 DIETARY					
009 NURSING ADMINISTRATION					
012 MEDICAL RECORDS & LIBRARY					
013 SOCIAL SERVICE 56,585		56,585			
INPATIENT ROUTINE SERVICE CENTERS					
016 SKILLED NURSING FACILITY 3,987,775		51,584	4,039,359		4,039,359
018 NURSING FACILITY					
019 OTHER LONG TERM CARE					
ANCILLARY SERVICE COST CENTERS					
021 RADIOLOGY					
022 LABORATORY 10,304		133	10,437		10,437
023 INTRAVENOUS THERAPY					
024 OXYGEN (INHALATION) THERA					
025 PHYSICAL THERAPY 96,878		1,253	98,131		98,131
026 OCCUPATIONAL THERAPY 83,333		1,078	84,411		84,411
027 SPEECH PATHOLOGY 33,415		432	33,847		33,847
028 ELECTROCARDIOLOGY					
029 MEDICAL SUPPLIES CHARGED					
030 DRUGS CHARGED TO PATIENTS 99,530		1,287	100,817		100,817
032 SUPPORT SURFACES					
033 OTHER ANCILLARY SERVICES 54,656		707	55,363		55,363
SPECIAL PURPOSE COST CENTERS					
052 MALPRACTICE PREMIUMS & PA					
053 INTEREST EXPENSE					
054 UTILIZATION REVIEW - SNF					
057 SUBTOTALS 4,422,476		56,474	4,422,365		4,422,365
NONREIMBURSABLE COST CENTERS					
058 GIFT, FLOWER, COFFEE SHOP					
059 BARBER & BEAUTY SHOP 8,575		111	8,686		8,686
063 OTHER NONREIMBURSABLE COS					
064 CROSS FOOT ADJUSTMENT					
065 NEGATIVE COST CENTER					
075 TOTAL 4,431,051		56,585	4,431,051		4,431,051

2540-96 16.7.118.2

## ALLOCATION OF CAPITAL-RELATED COSTS

I PROVIDER NO:  
I 11-5700  
II PERIOD: I PREPARED 11/23/2009 (11:37)  
I FROM 7/ 1/2008 I WORKSHEET B  
I TO 6/30/2009 I PART II

	COST CENTER	DIRECTLY ASSIGNED	CAP REL COST S - BLDGS &	CAP REL COST S - MOVABLE	SUBTOTAL	EMPLOYEE BEN EFITS	ADMINISTRATI VE & GENERAL	PLANT OPERAT ION, MAINT.
		0	1	2	2 a	3	4	5
	GENERAL SERVICE COST CENTERS							
001	CAP REL COSTS - BLDGS & F							
002	CAP REL COSTS - MOVABLE E							
003	EMPLOYEE BENEFITS							
004	ADMINISTRATIVE & GENERAL		3,347	877	4,224		4,224	
005	PLANT OPERATION, MAINT. &		7,929	2,077	10,006		379	10,385
006	LAUNDRY & LINEN SERVICE		4,955	1,298	6,253		101	394
007	HOUSEKEEPING		694	182	876		234	55
008	DIETARY		21,510	5,634	27,144		551	1,709
009	NURSING ADMINISTRATION		1,758	460	2,218		3	140
012	MEDICAL RECORDS & LIBRARY		2,643	692	3,335		30	210
013	SOCIAL SERVICE		737	193	930		43	59
	INPATIENT ROUTINE SERVICE CENTERS							
016	SKILLED NURSING FACILITY		95,351	24,973	120,324		2,535	7,573
018	NURSING FACILITY							
019	OTHER LONG TERM CARE							
	ANCILLARY SERVICE COST CENTERS							
021	RADIOLOGY							
022	LABORATORY							
023	INTRAVENOUS THERAPY						10	
024	OXYGEN (INHALATION) THERA							
025	PHYSICAL THERAPY		740	194	934		87	59
026	OCCUPATIONAL THERAPY		740	194	934		75	59
027	SPEECH PATHOLOGY		119	31	150		31	9
028	ELECTROCARDIOLOGY							
029	MEDICAL SUPPLIES CHARGED							
030	DRUGS CHARGED TO PATIENTS		330	87	417		92	26
032	SUPPORT SURFACES							
033	OTHER ANCILLARY SERVICES						51	
	SPECIAL PURPOSE COST CENTERS							
052	MALPRACTICE PREMIUMS & PA							
053	INTEREST EXPENSE							
054	UTILIZATION REVIEW - SNF							
057	SUBTOTALS		140,853	36,892	177,745		4,222	10,293
	NONREIMBURSABLE COST CENTERS							
058	GIFT, FLOWER, COFFEE SHOP							
059	BARBER & BEAUTY SHOP		1,163	305	1,468		2	92
063	OTHER NONREIMBURSABLE COS							
064	CROSS FOOT ADJUSTMENTS							
065	NEGATIVE COST CENTER							
075	TOTAL		142,016	37,197	179,213		4,224	10,385

2540-96 16.7.118.2

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
 ALLOCATION OF CAPITAL-RELATED COSTS  
 I PROVIDER NO: I 11-5700  
 I IN LIEU OF FORM CMS-2540-96 (10/1999)  
 I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I FROM 7/1/2008 I WORKSHEET B  
 I TO 6/30/2009 I PART II

COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
001 GENERAL SERVICE COST CENTERS	6	7	8	9	12	13	16
002 CAP REL COSTS - BLDGS & F							
003 CAP REL COSTS - MOVABLE E							
004 EMPLOYEE BENEFITS							
005 ADMINISTRATIVE & GENERAL							
006 PLANT OPERATION, MAINT. &							
007 LAUNDRY & LINEN SERVICE	6,748						
008 HOUSEKEEPING	350	1,515					
009 DIETARY		261	29,665				
012 NURSING ADMINISTRATION		21	296	2,678			
013 MEDICAL RECORDS & LIBRARY		32	296	31	3,934		
016 SOCIAL SERVICE		9	296	34	50	1,421	
018 INPATIENT ROUTINE SERVICE CENTERS							
019 SKILLED NURSING FACILITY	6,398	1,155	28,777	2,382	3,540	1,296	173,980
021 NURSING FACILITY							
022 OTHER LONG TERM CARE							
023 ANCILLARY SERVICE COST CENTERS							
024 RADIOLOGY				6	9	3	28
025 LABORATORY							
026 INTRAVENOUS THERAPY							
027 OXYGEN (INHALATION) THERA		9		58	86	31	1,264
028 PHYSICAL THERAPY		9		50	74	27	1,228
029 OCCUPATIONAL THERAPY		1		20	30	11	252
030 SPEECH PATHOLOGY							
032 ELECTROCARDIOLOGY							
033 MEDICAL SUPPLIES CHARGED		4		59	88	32	718
052 DRUGS CHARGED TO PATIENTS							
053 SUPPORT SURFACES				33	49	18	151
054 OTHER ANCILLARY SERVICES							
057 SPECIAL PURPOSE COST CENTERS							
058 MALPRACTICE PREMIUMS & PA							
059 INTEREST EXPENSE							
063 UTILIZATION REVIEW - SNF	6,748	1,501	29,665	2,673	3,926	1,418	177,621
064 SUBTOTALS							
065 NONREIMBURSABLE COST CENTERS							
066 GIFT, FLOWER, COFFEE SHOP		14		5	8	3	1,592
067 BARBER & BEAUTY SHOP							
068 OTHER NONREIMBURSABLE COS							
069 CROSS FOOT ADJUSTMENTS							
075 NEGATIVE COST CENTER	6,748	1,515	29,665	2,678	3,934	1,421	179,213
075 TOTAL							

2540-96 16.7.118.2



Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
 ALLOCATION OF CAPITAL-RELATED COSTS

IN LIEU OF FORM CMS-2540-96 (10/1999)  
 I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I FROM 7/ 1/2008 I WORKSHEET B  
 I TO 6/30/2009 I PART II

	COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
		17	18
	GENERAL SERVICE COST CENTERS		
001	CAP REL COSTS - BLDGS & F		
002	CAP REL COSTS - MOVABLE E		
003	EMPLOYEE BENEFITS		
004	ADMINISTRATIVE & GENERAL		
005	PLANT OPERATION, MAINT. &		
006	LAUNDRY & LINEN SERVICE		
007	HOUSEKEEPING		
008	DIETARY		
009	NURSING ADMINISTRATION		
012	MEDICAL RECORDS & LIBRARY		
013	SOCIAL SERVICE		
	INPATIENT ROUTINE SERVICE CENTERS		
016	SKILLED NURSING FACILITY		173,980
018	NURSING FACILITY		
019	OTHER LONG TERM CARE		
	ANCILLARY SERVICE COST CENTERS		
021	RADIOLOGY		
022	LABORATORY		28
023	INTRAVENOUS THERAPY		
024	OXYGEN (INHALATION) THERA		
025	PHYSICAL THERAPY		1,264
026	OCCUPATIONAL THERAPY		1,228
027	SPEECH PATHOLOGY		252
028	ELECTROCARDIOLOGY		
029	MEDICAL SUPPLIES CHARGED		
030	DRUGS CHARGED TO PATIENTS		718
032	SUPPORT SURFACES		
033	OTHER ANCILLARY SERVICES		151
	SPECIAL PURPOSE COST CENTERS		
052	MALPRACTICE PREMIUMS & PA		
053	INTEREST EXPENSE		
054	UTILIZATION REVIEW - SNF		
057	SUBTOTALS		177,621
	NONREIMBURSABLE COST CENTERS		
058	GIFT, FLOWER, COFFEE SHOP		
059	BARBER & BEAUTY SHOP		1,592
063	OTHER NONREIMBURSABLE COS		
064	CROSS FOOT ADJUSTMENTS		
065	NEGATIVE COST CENTER		
075	TOTAL		179,213

2540-96 16.7.118.2

Health Financial Systems MCRIF32

FOR BETHANY NURSING CTR OF MILLEN

IN LIEU OF FORM CMS-2540-96 (10/1999)

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 11-5700  
II PERIOD: I PREPARED 11/23/2009 (11:37)  
I FROM 7/ 1/2008 I WORKSHEET B-1  
I TO 6/30/2009 I

COST CENTER	CAP REL COST S - BLDGS & ( SQUARE FEET )	CAP REL COST S - MOVABLE ( SQUARE FEET )	EMPLOYEE BEN EFITS ( GROSS SALARIES )	RECONCILIATION TION	ADMINISTRATIVE & GENERAL ( ACCUM. COST )	PLANT OPERATION, MAINT. ( SQUARE FEET )
0	1	2	3	4A	4	5
GENERAL SERVICE COST CENTERS						
001 CAP REL COSTS - BLDGS & F	42,988					
002 CAP REL COSTS - MOVABLE E		42,988				
003 EMPLOYEE BENEFITS			2,356,081			
004 ADMINISTRATIVE & GENERAL	1,013	1,013	230,101	-693,636	3,737,415	
005 PLANT OPERATION, MAINT. &	2,400	2,400	77,191		335,594	39,575
006 LAUNDRY & LINEN SERVICE	1,500	1,500	47,918		89,663	1,500
007 HOUSEKEEPING	210	210	138,305		206,871	210
008 DIETARY	6,511	6,511	241,748		487,628	6,511
009 NURSING ADMINISTRATION	532	532			2,218	532
012 MEDICAL RECORDS & LIBRARY	800	800	18,368		26,395	800
013 SOCIAL SERVICE	223	223	24,770		38,036	223
INPATIENT ROUTINE SERVICE CENTERS						
016 SKILLED NURSING FACILITY	28,863	28,863	1,577,680		2,243,227	28,863
018 NURSING FACILITY						
019 OTHER LONG TERM CARE						
ANCILLARY SERVICE COST CENTERS						
021 RADIOLOGY					8,554	
022 LABORATORY						
023 INTRAVENOUS THERAPY						
024 OXYGEN (INHALATION) THERA						
025 PHYSICAL THERAPY	224	224			77,257	224
026 OCCUPATIONAL THERAPY	224	224			66,013	224
027 SPEECH PATHOLOGY	36	36			27,231	36
028 ELECTROCARDIOLOGY						
029 MEDICAL SUPPLIES CHARGED						
030 DRUGS CHARGED TO PATIENTS	100	100			81,211	100
032 SUPPORT SURFACES						
033 OTHER ANCILLARY SERVICES					45,372	
SPECIAL PURPOSE COST CENTERS						
057 SUBTOTALS	42,636	42,636	2,356,081	-693,636	3,735,270	39,223
NONREIMBURSABLE COST CENTERS						
058 GIFT, FLOWER, COFFEE SHOP						
059 BARBER & BEAUTY SHOP	352	352			2,145	352
063 OTHER NONREIMBURSABLE COS						
064 CROSS FOOT ADJUSTMENT						
065 NEGATIVE COST CENTER						
066 COST TO BE ALLOCATED	142,016	37,197	551,194		693,636	397,878
(WRKSHT B, PART I)						
067 UNIT COST MULTIPLIER	3.303620	.865288	.233945		.185592	10.053771
(WRKSHT B, PT I)						10,385
068 COST TO BE ALLOCATED					4,224	
(WRKSHT B, PART II)						
069 UNIT COST MULTIPLIER					.001130	.262413
(WRKSHT B, PT II)						

2540-96 16.7.118.2

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN IN LIEU OF FORM CMS-2540-96 (10/1999)

COST ALLOCATION - STATISTICAL BASIS I PROVIDER NO: I PERIOD: I PREPARED 11/23/2009 (11:37)

I 11-5700 I FROM 7/ 1/2008 I WORKSHEET B-1

I I TO 6/30/2009 I

COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	RECONCILIATION	NURSING ADMINISTRATION	RECONCILIATION	MEDICAL RECORDS & LIBRARY
	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )		( ACCUM. COST )		( ACCUM. COST )
	6	7	8	9A	9	12A	12
001 GENERAL SERVICE COST CENTERS							
002 CAP REL COSTS - BLDGS & F							
003 CAP REL COSTS - MOVABLE E							
004 EMPLOYEE BENEFITS							
005 ADMINISTRATIVE & GENERAL							
006 PLANT OPERATION, MAINT. &							
007 LAUNDRY & LINEN SERVICE	45,350						
008 HOUSEKEEPING	2,350	37,865					
009 DIETARY		6,511	24,040				
010 NURSING ADMINISTRATION		532	240	-18,404	4,412,647		
012 MEDICAL RECORDS & LIBRARY		800	240		51,557	-51,772	4,379,279
013 SOCIAL SERVICE		223	240		55,692		55,924
016 INPATIENT ROUTINE SERVICE CENTERS							
018 SKILLED NURSING FACILITY	43,000	28,863	23,320		3,924,812		3,941,182
019 NURSING FACILITY							
021 OTHER LONG TERM CARE							
022 ANCILLARY SERVICE COST CENTERS							
023 RADIOLOGY							
024 LABORATORY					10,142		10,184
025 INTRAVENOUS THERAPY							
026 OXYGEN (INHALATION) THERA							
027 PHYSICAL THERAPY		224			95,348		95,746
028 OCCUPATIONAL THERAPY		224			82,017		82,359
029 SPEECH PATHOLOGY		36			32,888		33,025
030 ELECTROCARDIOLOGY							
032 MEDICAL SUPPLIES CHARGED		100			97,958		98,367
033 DRUGS CHARGED TO PATIENTS							
034 SUPPORT SURFACES					53,793		54,017
035 OTHER ANCILLARY SERVICES							
057 SPECIAL PURPOSE COST CENTERS							
058 SUBTOTALS	45,350	37,513	24,040	-18,404	4,404,207	-51,772	4,370,804
059 NONREIMBURSABLE COST CENTERS							
063 GIFT, FLOWER, COFFEE SHOP							
064 BARBER & BEAUTY SHOP		352			8,440		8,475
065 OTHER NONREIMBURSABLE COS							
066 CROSS FOOT ADJUSTMENT							
067 NEGATIVE COST CENTER							
068 COST TO BE ALLOCATED	121,385	253,666	687,207		18,404		51,772
069 (WRKSHT B, PART I)							
067 UNIT COST MULTIPLIER	2.676626	6.699221	28.585982		.004171		.011822
068 (WRKSHT B, PT I)							
068 COST TO BE ALLOCATED	6,748	1,515	29,665		2,678		3,934
069 (WRKSHT B, PART II)							
069 UNIT COST MULTIPLIER	.148798	.040011	1.233985		.000607		.000898
069 (WRKSHT B, PT II)							

2540-96 16.7.118.2

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
 COST ALLOCATION - STATISTICAL BASIS I PROVIDER NO:  
 I 11-5700

IN LIEU OF FORM CMS-2540-96 (10/1999)  
 I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I FROM 7/ 1/2008 I WORKSHEET B-1  
 I TO 6/30/2009 I

COST CENTER	RECONCILIATION	SOCIAL SERVICE	( ACCUM. COST )
	13A	13	
001 GENERAL SERVICE COST CENTERS			
002 CAP REL COSTS - BLDGS & F			
003 CAP REL COSTS - MOVABLE E			
004 EMPLOYEE BENEFITS			
005 ADMINISTRATIVE & GENERAL			
006 PLANT OPERATION, MAINT. &			
007 LAUNDRY & LINEN SERVICE			
008 HOUSEKEEPING			
009 DIETARY			
012 NURSING ADMINISTRATION			
013 MEDICAL RECORDS & LIBRARY	-56,585	4,374,466	
016 SOCIAL SERVICE			
018 INPATIENT ROUTINE SERVICE CENTERS		3,987,775	
019 SKILLED NURSING FACILITY			
021 NURSING FACILITY			
022 OTHER LONG TERM CARE			
023 ANCILLARY SERVICE COST CENTERS			
024 RADIOLOGY		10,304	
025 LABORATORY			
026 INTRAVENOUS THERAPY			
027 OXYGEN (INHALATION) THERA			
028 PHYSICAL THERAPY		96,878	
029 OCCUPATIONAL THERAPY		83,333	
030 SPEECH PATHOLOGY		33,415	
032 ELECTROCARDIOLOGY			
033 MEDICAL SUPPLIES CHARGED		99,530	
057 DRUGS CHARGED TO PATIENTS			
058 SUPPORT SURFACES		54,656	
059 OTHER ANCILLARY SERVICES			
063 SPECIAL PURPOSE COST CENTERS			
064 SUBTOTALS	-56,585	4,365,891	
065 NONREIMBURSABLE COST CENTERS			
066 GIFT, FLOWER, COFFEE SHOP		8,575	
067 BARBER & BEAUTY SHOP			
068 OTHER NONREIMBURSABLE COS			
069 CROSS FOOT ADJUSTMENT			
065 NEGATIVE COST CENTER		56,585	
066 COST TO BE ALLOCATED			
067 (PER WRKSHT B, PART I)		.012935	
068 UNIT COST MULTIPLIER			
069 (WRKSHT B, PT I)		1,421	
068 COST TO BE ALLOCATED			
069 (PER WRKSHT B, PART II)		.000325	
069 UNIT COST MULTIPLIER			
069 (WRKSHT B, PT II)			

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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT

I PROVIDER NO:  
I 11-5700  
II PERIOD:  
I FROM 7/ 1/2008 I PREPARED 11/23/2009 (11:37)  
I TO 6/30/2009 I WORKSHEET C

COST CENTER	TOTAL (FROM WKST B, PT I, COL 18) 1	TOTAL CHARGES 2	RATIO OF COST TO CHARGES 3
ANCILLARY SERVICE COST CENTERS			
21 RADIOLOGY			
22 LABORATORY	10,437	3,134	3.330249
23 INTRAVENOUS THERAPY			
24 OXYGEN (INHALATION) THERA			
25 PHYSICAL THERAPY	98,131	77,447	1.267073
26 OCCUPATIONAL THERAPY	84,411	77,133	1.094357
27 SPEECH PATHOLOGY	33,847	32,538	1.040230
28 ELECTROCARDIOLOGY			
29 MEDICAL SUPPLIES CHARGED			
30 DRUGS CHARGED TO PATIENTS	100,817	62,788	1.605673
32 SUPPORT SURFACES			
33 OTHER ANCILLARY SERVICES	55,363	27,983	1.978451
75 OUTPATIENT SERVICE COST CENTERS			
TOTAL	383,006	281,023	

2540-96 16.7.118.2

FOR BETHANY NURSING CTR OF MILLEN

IN LIEU OF FORM CMS-2540-96 (12/1999)

### APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST AND REDUCTION OF THERAPY COST FOR TITLE XVIII

I PROVIDER NO:  
I 11-5700

IN FILE OFFFORM CMS-2540-90 (12/1999)  
I PERIOD: I PREPARED 11/23/2009 (11:37)  
I FROM 7/ 1/2008 I WORKSHEET D  
I TO 6/30/2009 I PART I  
I  
PPS

TITLE XVIII

SKILLED NURSING FACILITY

## COST CENTER

RATIO OF  
COST TO  
CHARGES  
1

HEALTH CARE PROGRAM CHARGES	
PART A	PART B
2	3
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
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14	14
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90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

HEALTH CARE PROGRAM COSTS	
PART A	PART B
4	5
1. Insurance	1. Insurance
2. Medical supplies	2. Medical supplies
3. Medical equipment	3. Medical equipment
4. Medical personnel	4. Medical personnel
5. Medical facilities	5. Medical facilities
6. Medical research	6. Medical research
7. Medical education	7. Medical education
8. Medical administration	8. Medical administration
9. Medical information systems	9. Medical information systems
10. Medical waste management	10. Medical waste management
11. Medical safety	11. Medical safety
12. Medical ethics	12. Medical ethics
13. Medical law	13. Medical law
14. Medical history	14. Medical history
15. Medical future	15. Medical future

21	RADIOLOGY	
22	LABORATORY	
23	INTRAVENOUS THERAPY	
24	OXYGEN (INHALATION) THERA	
25	PHYSICAL THERAPY	
26	OCCUPATIONAL THERAPY	
27	SPEECH PATHOLOGY	
28	ELECTROCARDIOLOGY	
29	MEDICAL SUPPLIES CHARGED	
30	DRUGS CHARGED TO PATIENT'S	
31	SUPPORT SURFACES	
32	OTHER ANCILLARY SERVICES	
33	OUTPATIENT SERVICE COST CENTERS	
75	TOTAL	

3.330249

2,565

8,542

1.267073

49,115

62,232  
57,8481.094357  
1.040730

52,130  
34,678

57,049

1.040230

24,678

25,671

25,012

1.605673

53.756

86.315

1.030153

55,750

86,313

1.978451

75	TOTAL	182,244	239,809
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\* Line 48 columns 2 and 4 are for title V and XIX. No amounts should be entered here for title XVIII.

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
I PROVIDER NO:  
I 11-5700  
I  
I  
I  
TITLE XVIII SKILLED NURSING FACILITY

IN LIEU OF FORM CMS-2540-96 (12/1999)  
I PERIOD: I PREPARED 11/23/2009 (11:37)  
I FROM 7/ 1/2008 I WORKSHEET D  
I TO 6/30/2009 I PART I  
I  
PPS

EXHIBIT 14

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

COST CENTER	TITLE XVIII CHARGES ON AND AFTER 1/1/1998 6	PT B THERAPY COSTS ON AND AFTER 1/1/1998 7	10% REDUCTION OF THERAPY 8	NET ALLOWABLE PART B COSTS 9
21 RADIOLOGY				
22 LABORATORY				
23 INTRAVENOUS THERAPY				
24 OXYGEN (INHALATION) THERA				
25 PHYSICAL THERAPY				
26 OCCUPATIONAL THERAPY				
27 SPEECH PATHOLOGY				
28 ELECTROCARDIOLOGY				
29 MEDICAL SUPPLIES CHARGED				
30 DRUGS CHARGED TO PATIENTS				
32 SUPPORT SURFACES				
33 OTHER ANCILLARY SERVICES				
75 TOTAL				

\* Line 48 columns 2 and 4 are for title V and XIX. No amounts should be entered here for title XVIII.

2540-96 16.7.118.2

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
 APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST AND  
 REDUCTION OF THERAPY COST FOR TITLE XVIII  
 TITLE XVIII

IN LIEU OF FORM CMS-2540-96 (12/1999)  
 I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I FROM 7/ 1/2008 I WORKSHEET D  
 I TO 6/30/2009 I PARTS II & III  
 I

EXHIBIT 14

PART II - APPORTIONMENT OF VACCINE COST

1 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES 1.605673  
 2 PROGRAM VACCINE CHARGES  
 3 PROGRAM COSTS (LINE 1 \* LINE 2)

PART III - CALCULATION OF PASS THROUGH COSTS FOR INTERNS AND RESIDENTS

COST CENTERS	TOTAL COST 1	INTERN AND RESIDENTS COSTS 2	RATIO OF I&R COSTS TO TOTAL COSTS - PT A 3	TITLE XVIII PART A COST 4	TITLE XVIII I&R COSTS FOR PASS THROUGH 5
21 RADIOLOGY					
22 LABORATORY					
23 INTRAVENOUS THERAPY	10,437			8,542	
24 OXYGEN (INHALATION) THERA					
25 PHYSICAL THERAPY	98,131			62,232	
26 OCCUPATIONAL THERAPY	84,411			57,049	
27 SPEECH PATHOLOGY	33,847			25,671	
28 ELECTROCARDIOLOGY					
29 MEDICAL SUPPLIES CHARGED					
30 DRUGS CHARGED TO PATIENTS	100,817			86,315	
32 SUPPORT SURFACES					
33 OTHER ANCILLARY SERVICES	55,363				
75 TOTAL	383,006			239,809	

2540-96 16.7.118.2



## COMPUTATION OF INPATIENT ROUTINE COST

 I PROVIDER NO:  
 I 11-5700  
 I  
 I

 I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I FROM 7/ 1/2008 I WORKSHEET D-1  
 I TO 6/30/2009 I PARTS I & II  
 I

 TITLE XVIII SNF  
 PART I - CALCULATION OF INPATIENT ROUTINE COSTS

## INPATIENT DAYS

1	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS	31,458
2	PRIVATE ROOM DAYS	1,825
3	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	2,159
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,039,359
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
6	GENERAL INPATIENT ROUTINE SERVICE CHARGES	4,377,095
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.922840
8	ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS	285,613
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE	156.50
10	ENTER SEMI-PRIVATE ROOM CHARGES FROM YOUR RECORDS	4,091,482
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	138.07
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	18.43
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	17.01
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	31,043
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	4,008,316
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	
16	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	127.42
17	PROGRAM ROUTINE SERVICE COST	275,100
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	275,100
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	173,980
21	PER DIEM CAPITAL RELATED COSTS	5.53
22	PROGRAM CAPITAL RELATED COST	11,939
23	INPATIENT ROUTINE SERVICE COST	263,161
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	263,161
26	ENTER THE PER DIEM LIMITATION	
27	INPATIENT ROUTINE SERVICE COST LIMITATION	
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	275,100

NOTE: Lines 26 and 27 will not be used for reporting periods beginning on and after 7/1/98.

 PART II - CALCULATION OF INPATIENT INTERN AND RESIDENTS COST FOR PPS PASSTHROUGH  
 >> FOR COST REPORTING PERIODS BEGINNING ON AND AFTER 07/01/98 <<

1	TOTAL INPATIENT DAYS	31,458
2	PROGRAM INPATIENT DAYS	2,159
3	INTERN AND RESIDENT COST	
4	RATIO OF PROGRAM DAYS TO TOTAL DAYS	.068631
5	PROGRAM INTERN AND RESIDENT COST FOR PASSTHROUGH	

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
 CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - SNF REIMBURSEMENT UNDER PPS

I PROVIDER NO:  
 I 11-5700  
 I

I PERIOD:  
 I FROM 7/ 1/2008  
 I TO 6/30/2009  
 I

IN LIEU OF FORM CMS-2540-96 (04/2006)  
 I PREPARED 11/23/2009 (11:37)  
 I WORKSHEET E  
 I PART III  
 I

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES

TITLE XVIII		SNF
1	INPATIENT ANCILLARY SERVICES-PART A (SEE INSTRUCTIONS)	
2	INTERNS & RESIDENTS AND MEDICAL EDUCATION COST	
	FOR TITLE XVIII (SEE INSTRUCTIONS)	
3	TOTAL COSTS	
4	MEDICARE INPATIENT ANCILLARY CHARGES (SEE INSTRUCTIONS)	
5	INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS)	
6	COST OF COVERED SERVICES	
7	INPATIENT PPS AMOUNT (SEE INSTRUCTIONS)	666,225
8	PRIMARY PAYOR AMOUNTS	
9	COINSURANCE	167,901
10	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)	77,766
10.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEFORE 10/01/2005 (SEE INSTRUCTIONS)	
10.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	77,766
10.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON & AFTER 10/01/2005 (INSTR)	77,766
11	UTILIZATION REVIEW	
12	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
13	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF ASSETS	
14	SUBTOTAL (SEE INSTRUCTIONS)	576,090
15	SEQUESTRATION ADJUSTMENT	
16	INTERIM PAYMENTS (SEE INSTRUCTIONS)	557,022
16.01	TENTATIVE ADJUSTMENT (FI ONLY)	
16.20	OTHER ADJUSTMENTS	
17	BALANCE DUE PROVIDER/PROGRAM	19,068
18	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2)	

PART B - ANCILLARY SERVICES COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

19	ANCILLARY SERVICES PART B
20	VACCINE COST (FROM WKST D, PART II, LINE 3)
21	INTERN AND RESIDENT COST (FROM WORKSHEET D-2)
22	TOTAL REASONABLE COSTS (SUM OF LINES 19 TO 21)
23	MEDICARE PART B ANCILLARY CHARGES (SEE INSTRUCTIONS)
24	INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS)
25	COST OF COVERED SERVICES
26	PRIMARY PAYOR AMOUNTS
27	COINSURANCE AND DEDUCTIBLES
28	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)
29	RECOVERY OF UNREIMBURSED COST UNDER THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES
30	80% OF RECOVERY OF UNREIMBURSED COST UNDER THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES
31	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
32	
33	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF ASSETS
34	SUBTOTAL
35	SEQUESTRATION AMOUNT
36	INTERIM PAYMENTS (SEE INSTRUCTIONS)
36.01	TENTATIVE ADJUSTMENT (FI ONLY)
36.20	OTHER ADJUSTMENTS
37	BALANCE DUE PROVIDER/PROGRAM
38	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2)

2540-96 16.7.118.2

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
 I PROVIDER NO: I 11-5700  
 BALANCE SHEET I 11-5700  
 IN LIEU OF FORM CMS-2540-96 (07/1996)  
 I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I FROM 7/ 1/2008 I  
 I TO 6/30/2009 I WORKSHEET G

LINE NO	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	107,112			
2	TEMPORARY INVESTMENTS	72,412			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	627,048			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-71,942			
7	INVENTORY	47,988			
8	PREPAID EXPENSES	10,061			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	792,679			
	FIXED ASSETS				
12	LAND	2,093			
13	LAND IMPROVEMENTS	115,545			
14	LESS: ACCUMULATED DEPRECIATION	-80,974			
15	BUILDINGS	3,059,308			
16	LESS: ACCUMULATED DEPRECIATION	-1,486,727			
17	LEASEHOLD IMPROVEMENTS				
18	LESS: ACCUMULATED AMORTIZATION				
19	FIXED EQUIPMENT	509,062			
20	LESS: ACCUMULATED DEPRECIATION	-296,137			
21	AUTOMOBILES AND TRUCKS	122,827			
22	LESS: ACCUMULATED DEPRECIATION	-95,856			
23	MAJOR MOVABLE EQUIPMENT	617,254			
24	LESS: ACCUMULATED DEPRECIATION	-596,922			
25	MINOR EQUIPMENT NONDEPRECIABLE				
26	OTHER FIXED ASSETS				
27	TOTAL FIXED ASSETS	1,869,473			
	OTHER ASSETS				
28	INVESTMENTS				
29	DEPOSITS ON LEASES				
30	DUE FROM OWNERS/OFFICERS				
31	OTHER ASSETS				
32	TOTAL OTHER ASSETS				
33	TOTAL ASSETS	2,662,152			
LINE NO	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	CURRENT LIABILITIES				
34	ACCOUNTS PAYABLE	107,421			
35	SALARIES, WAGES & FEES PAYABLE	167,554			
36	PAYROLL TAXES PAYABLE	8,296			
37	NOTES AND LOANS PAYABLE (SHORT TERM)	109,291			
38	DEFERRED INCOME				
39	ACCELERATED PAYMENTS				
40	DUE TO OTHER FUNDS				
41	OTHER CURRENT LIABILITIES	76,126			
42	TOTAL CURRENT LIABILITIES	468,688			
	LONG TERM LIABILITIES				
43	MORTGAGE PAYABLE	580,912			
44	NOTES PAYABLE				
45	UNSECURED LOANS				
46	LOANS FROM A. PRIOR TO 7/1/66				
47	OWNERS B. ON OR AFTER 7/1/66				
48	OTHER LONG TERM LIABILITIES				
49	TOTAL LONG-TERM LIABILITIES	580,912			
50	TOTAL LIABILITIES	1,049,600			
	CAPITAL ACCOUNTS				
51	GENERAL FUND BALANCE	1,612,552			
52	SPECIFIC PURPOSE FUND BALANCE				
53	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
54	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
55	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
56	PLANT FUND BALANCE-INVESTED IN PLANT				
57	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
58	TOTAL FUND BALANCES	1,612,552			
59	TOTAL LIABILITIES AND FUND BALANCES	2,662,152			

2540-96 16.7.118.2



Health Financial Systems MCRIF32  
STATEMENT OF CHANGES IN FUND BALANCES

FOR BETHANY NURSING CTR OF MILLEN  
I PROVIDER NO:  
I 11-5700  
I

IN LIEU OF FORM CMS-2540-96 (07/1996)  
I PERIOD: I PREPARED 11/23/2009 (11:37)  
I FROM 7/1/2008 I WORKSHEET G-1  
I TO 6/30/2009 I

GENERAL FUND                      SPECIFIC PURPOSE FUND

1	FUND BALANCE AT BEGINNING	1,749,807
2	OF PERIOD	
2	NET INCOME (LOSS)	-137,255
3	TOTAL	1,612,552
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)	
5	ADDITIONS (CREDIT ADJUSTM	
6		
7		
8		
9		
10	TOTAL ADDITIONS	
11	SUBTOTAL	1,612,552
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)	
13	DEDUCTIONS (DEBIT ADJUSTM	
14		
15		
16		
17		
18	TOTAL DEDUCTIONS	
19	FUND BALANCE AT END OF	1,612,552
	PERIOD PER BALANCE SHEET	

ENDOWMENT FUND                      PLANT FUND

1	FUND BALANCE AT BEGINNING	
2	OF PERIOD	
2	NET INCOME (LOSS)	
3	TOTAL	
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)	
5	ADDITIONS (CREDIT ADJUSTM	
6		
7		
8		
9		
10	TOTAL ADDITIONS	
11	SUBTOTAL	
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)	
13	DEDUCTIONS (DEBIT ADJUSTM	
14		
15		
16		
17		
18	TOTAL DEDUCTIONS	
19	FUND BALANCE AT END OF	
	PERIOD PER BALANCE SHEET	

2540-96 16.7.118.2

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
 STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES I PROVIDER NO:  
 I 11-5700

IN LIEU OF FORM CMS-2540-96 (07/1996)  
 I PERIOD: I PREPARED 11/23/2009 (11:37)  
 I FROM 7/ 1/2008 I WORKSHEET G-2  
 I TO 6/30/2009 I

REVENUE CENTER		PART I - PATIENT REVENUES		
		INPATIENT 1	OUTPATIENT 2	TOTAL 3
1	GENERAL INPATIENT ROUTINE CARE SERVICES			
2	SKILLED NURSING FACILITY	4,377,095		4,377,095
3	NURSING FACILITY			
3.10	ICF/MR			
4	OTHER LONG TERM CARE			
5	TOTAL GENERAL INPATIENT CARE SERVICES	4,377,095		4,377,095
	ALL OTHER CARE SERVICES			
6	ANCILLARY SERVICES	281,022		281,022
7	CLINIC			
8	HOME HEALTH AGENCY			
9				
10	AMBULANCE			
11	HOSPICE			
12	OUTPATIENT REHAB PROVIDER			
13				
14	TOTAL PATIENT REVENUES	4,658,117		4,658,117
PART II-OPERATING EXPENSES				
1	TOTAL OPERATING EXPENSES			4,798,524
2	ADD (SPECIFY)			
3				
4				
5				
6				
7				
8	TOTAL ADDITIONS (SUM OF L2 THRU L7			
9	DEDUCT (SPECIFY)			
10				
11				
12				
13				
14	TOTAL DEDUCTIONS (SUM OF L9 THRU L			
15	TOTAL OPERATING EXPENSES (SUM OF L			4,798,524

2540-96 16.7.118.2

Health Financial Systems MCRIF32 FOR BETHANY NURSING CTR OF MILLEN  
STATEMENT OF REVENUES AND EXPENSES  
I PROVIDER NO:  
I 11-5700  
I

IN LIEU OF FORM CMS-2540-96 (07/1996)  
I PERIOD: I PREPARED 11/23/2009 (11:37)  
I FROM 7/ 1/2008 I WORKSHEET G-3  
I TO 6/30/2009 I

1	TOTAL PATIENT REVENUES	4,658,117
2	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	6,136
3	NET PATIENT REVENUES	4,651,981
4	LESS: TOTAL OPERATING EXPENSES	4,798,524
5	NET INCOME FROM SERVICE TO PATIENTS	-146,543
6	OTHER INCOME:	
7	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	5,805
8	INCOME FROM INVESTMENTS	3,725
9	REVENUES FROM TELEPHONE AND TELEGRAPH SERVICE	
10	REVENUE FROM TELEVISION AND RADIO SERVICE	
11	PURCHASE DISCOUNTS	
12	REBATES AND REFUNDS OF EXPENSES	
13	PARKING LOT RECEIPTS	
14	REVENUE FROM LAUNDRY AND LINEN SERVICE	
15	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
16	REVENUE FROM RENTAL OF LIVING QUARTERS	
17	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
19	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
20	TUITION (FEES, SALES OF TEXTBOOKS, UNIFORMS ETC)	
21	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	
22	RENTAL OF VENDING MACHINES	
23	RENTAL OF SKILLED NURSING SPACE	
24	GOVERNMENTAL APPROPRIATIONS	
25	OTHER (SPECIFY)	
26	TOTAL OTHER INCOME	9,530
27	TOTAL	-137,013
28	OTHER EXPENSES (SPECIFY)	
29	VENDING COST	242
30	TOTAL OTHER EXPENSES	242
31	NET INCOME (OR LOSS) FOR THE PERIOD	-137,255

2540-96 16.7.118.2

\*\*\*FINGERPRINT Line 1 pypatBfc:0DeBtSonthr:DbPfcfVE0  
\*\*\*FINGERPRINT Line 2 gz24V0ky.yBrA841znQMgcVfqdk.Ak  
\*\*\*FINGERPRINT Line 3 ZHuyIsdr5G0dTdyr

The Optimizer Systems, Inc. WinLASH 2540 System [Version: 8.0]  
In lieu of Form CMS-2540-96

BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet 5 Sunday, November 27, 2011 at 5:01:00 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report

Intermediary use only: Check applicable box:  
Audited: \_\_\_\_\_ [ ] Initial [ ] Revision  
Desk Reviewed: \_\_\_\_\_ [ ] Final  
Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Intermediary Number: \_\_\_\_\_

PART I - CERTIFICATION

Check applicable box:  
[X] Electronically filed cost report; Date: \_\_\_\_\_  
[ ] Manually submitted cost report Time: \_\_\_\_\_  
Date and time of ECR file creation:

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THE COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Bethany Nursing Center of Millen (11-5700) for the cost report period beginning November 1, 2010 and ending June 30, 2011, and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

ECR Encryption Information: (Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date

PI Encryption Information: \_\_\_\_\_

PART II - SETTLEMENT SUMMARY

CMS #		Title XVIII			
		Title V	A	B	Title XIX
1	SKILLED NURSING FACILITY	1	2	3	4
2		0	4,896	0	0
3	NURSING FACILITY	0			0
7	TOTAL	0	4,896	0	0

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated to average 64 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

EXHIBIT  
15



The Optimizer Systems, Inc. WinLASH 2540 System [Version: 8.0]  
In lieu of Form CMS-2540-96

BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet S-2 Sunday, November 27, 2011 at 5:01:00 PM

### Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

#### SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS #	1	Street / P.O. Box:	466 South Gray Street				
2	City / State / Zip:	MILLEN	GA	30442			
3	County / MSA Code / CBSA / Urban/Rural:	Jenkins		99911		Rural	
3.10	Facility Specific Rate / Transition Period - enter 1, 2, 3 or 100			100			
3.20	Wage Index Adjustment Factor: Before October 1 / After Sept 30		0.7566	0.7566			

#### SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	NPI NO.	DATE CERTIFIED	P.	O.	or N.
4	SNF	Bethany Nursing Center of Mil	11-5700	2.01	11/01/2010	V	XVIII	XIX
6	Nursing Facility					4	5	6
7	Other Long Term Care					N	P	N
10	CORF					N	N	N
11	Rural Health Clinic					N	N	N
12	Hospice							
13	Cost Reporting Period (mm/dd/yy) From: / To:		11/01/2010	06/30/2011				
14	Type of Control			4				

#### TYPE OF FREESTANDING SKILLED NURSING FACILITY

15 Is this an Entirely Participating Skilled Nursing Facility? Yes  
A notice published in the "Federal Register" Vol. 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. Enter in column 1 the percentage of total expenses for each category to total SNF revenue from worksheet G-2, Part I line 1 column 3. Indicate in column 2 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (See instructions)

15.01	Staffing	33.00%	Y
15.02	Recruitment	0.00%	N
15.03	Retention of Employees	0.00%	N
15.04	Training	0.00%	N
15.05	Other (Specify)	0.00%	N
16	Is this a Partially Participating Skilled Nursing Facility?		N
17	Is this Skilled Nursing Facility Unit of a Domiciliary Institution?		N
18	Is this Skilled Nursing Facility Unit of a Rehabilitation Center?		N
19	Other (Specify)		

#### MISCELLANEOUS COST REPORTING INFORMATION

20 Is this a low or no Medicare utilization cost report, indicate with the letter 'L' for 1  
21 If this is an All-Inclusive Provider, enter the method used. [Blank] - Not an All Inc  
22 Is the difference between total interim payments and the net cost covered service includ N

#### DEPRECIATION: ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED

23	Straight Line	7073
24	Declining Balance	0
25	Sum of the Years' Digits	0
26	Sum of lines 23 through 25	7073
27	If depreciation is funded, enter the bala	0
28	Were there any disposal of capital assets during the cost reporting period?	N
29	Was accelerated depreciation claimed on any assets in the current or any prior cost repo	N
30	Was accelerated depreciation claimed on assets acquired on or after August 1, 1970 (See	N
31	Did you cease to participate in the Medicare program at the end of the period to which t	N
32	Was there a substantial decrease in health insurance proportion of allowable cost from prio	N

If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of costs or charges, enter 'Y' for each component and type of service that qualifies for the exemption.

	Part A	Part B	Other	
33	Skilled Nursing Facility	N	N	
35	Nursing Facility			N
36	SNF-based O.L.T.C.	N	N	
39	CORF		N	
40	SNF-based R.H.C.		N	
41	Is this Skilled Nursing Facility exempt from the cost limits?	N		
42	Is this Nursing Facility exempt from the cost limits?	N		
43	Is the Skilled Nursing Facility located in a state that certifies the provider as a SNF regardless of	N		
44	Did the provider participate in the NHCMQ Demonstration during the cost reporting period? If yes, en	N		
45	List malpractice premiums and paid losses: Premiums / Losses / Self	PREMIUMS	PAID LOSSES	SELF - INSURANCE
46	Are malpractice premiums and paid losses reported in other than the Administrative and General cos	96570	0	0
47	Are you claiming ambulance costs? If column 1 is Y, enter in column 2 whether this is your first y			N
48	If line 47 is yes, enter in column one the payment limit provided fr	0	0	
49	Did you operate an Intermediate Care Facility for the Mentally Retarded (ICF/MR) under title XIX?			N
50	Did this facility report less than 1500 Medicare days in its previous year's cost report.			
51	If line 50 is yes, did you file your previous years cost report using the "Simplified" step-down meth			
52	Are there any related organizations or home office costs as defined in CMS Pub. 15-1, chapter 10? Ans			Yes
53	If this facility is part of a chain organization, enter the name in column 1. Enter the FI/Contractor Name in column 2.			HO9013
54	Pruitt Corporation WPS HO-9013			
55	Enter the Street Address in column 1 or the PO Box in Column 2.			
56	Enter the City in column 1, State in column 2, and Zip in column 3.			
	Toccoa GA 30577			

The Optimizer Systems, Inc. WinLASH 2540 System [Version: 8.0]  
In lieu of Form CMS-2540-96

BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet S-3

Sunday, November 27, 2011 at 5:01:00 PM

## Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

## PART I - STATISTICAL DATA

CMS #	Component	No. of Beds 1	Bed days Available 2	Title V 3	Title XVIII 4	Inpatient Days Title XIX 5	Other 6	Total 7
1	Skilled Nursing Facility	100	24,200	0	1,422	15,629	3,815	20,866
2								
3	Nursing Facility	0	0	0		0	0	0
4	Other Long Term Care	0	0				0	0
6								
7	SNF-based CORF							
8	Hospice	0	0	0	0	0	0	0
9	Total	100	24,200	0	1,422	15,629	3,815	20,866

10 Ambulance trips

		Discharges					Average Length of Stay		
CMS #	Component	Title V 8	Title XVIII 9	Title XIX 10	Other 11	Total 12	Title V 13	Title XVIII 14	Title XIX 15
16									
1	Skilled Nursing Facility	0	23	36	19	78	0.00	61.83	434.14
2									
3	Nursing Facility	0		0	0	0	0.00		0.00
4	Other Long Term Care				0	0			
6									
7	SNF-based CORF								
8	Hospice	0	0	0	0	0	0.00	0.00	0.00
9	Total	0	23	36	19	78	0.00	61.83	434.14

CMS #	Component	Admissions				FTE		
		Title V 17	Title XVIII 18	Title XIX 19	Other 20	Total 21	Paid 22	Non-Paid 23
1	Skilled Nursing Facility	0	36	35	15	86	57.00	0
2								
3	Nursing Facility	0		0	0	0	0.00	0
4	Other Long Term Care				0	0	0.00	0
6								
7	SNF-based CORF						0.00	0
8	Hospice	0	0	0	0	0	0.00	0
9	Total	0	36	35	15	86	57.00	0

The Optimizer Systems, Inc. WinLASH 2540 System [Version: 8.0]  
In lieu of Form CMS-2540-96

BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet S-3 Part 2 Sunday, November 27, 2011 at 5:01:00 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #	Amount Reported 1	Reclass. of Salaries from Wkst. A-6 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5	Source 6
1	Total Salary	1,623,355	0	1,623,355	118,584.00	13.69
2	Physician salaries - Part A	0	0	0	0.00	0.00
3	Physician salaries - Part B	0	0	0	0.00	0.00
4	Interns & Residents (approved)	0	0	0	0.00	0.00
5	Home office personnel	0	0	0	0.00	0.00
6	Sum of lines 2 thru 5	0	0	0	0.00	0.00
7	Revised wages	1,623,355	0	1,623,355	118,584.00	13.69
8	Other Long Term Care	0	0	0	0.00	0.00
9	Other Inpatient Routine Service	0	0	0	0.00	0.00
10	Interns & Residents (NOT approved)	0	0	0	0.00	0.00
11	H H A	0	0	0	0.00	0.00
12	Outpatient Rehabilitation Providers	0	0	0	0.00	0.00
13	Hospice	0	0	0	0.00	0.00
14	Non-reimbursable	0	0	0	0.00	0.00
15	Total Excluded salary	0	0	0	0.00	0.00
16	Subtotal	1,623,355	0	1,623,355	118,584.00	13.69
17	Contract Labor: Patient Related & Mgmt	0	0	0	0.00	0.00 CMS 339
18	Home office salaries & wage related costs	0	0	0	0.00	0.00
19	Wage related costs (core)	352,155	0	352,155		CMS 339
20	Wage related costs (other)	0	0	0		CMS 339
21	Wage related costs (excluded units)	0	0	0		CMS 339
22	Subtotal	352,155	0	352,155		0.22
23	Total	1,975,510	0	1,975,510	118,584.00	16.66
24	Contract Labor: Physician services - Part A	0	0	0	0.00	0.00

BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet S-3 Sunday, November 27, 2011 at 5:01:00 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass. of Salaries from Wkst. A-6 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	104,422	0	104,422	4,942	21.13
3	Plant Operation, Maint. & Repairs	52,072	0	52,072	2,880	18.08
4	Laundry & Linen Service	31,321	0	31,321	3,234	9.68
5	Housekeeping	108,766	0	108,766	10,644	10.22
6	Dietary	148,022	0	148,022	13,243	11.18
7	Nursing Administration	45,280	0	45,280	1,168	38.77
8	Central Services & Supply	0	0	0	0	0.00
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	11,719	0	11,719	1,205	9.73
11	Social Service	58,460	0	58,460	2,847	20.53
12	Interns & Residents	0	0	0	0	0.00
13	Other General Service	28,291	0	28,291	2,179	12.98
14	Total	588,353	0	588,353	42,342	13.90



BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet S-7 Part 4 Sunday, November 27, 2011 at 5:01:00 PM

PPS Statistical Data

Line No.	HIPPS Group 1	M3PI Rev. Code 2	Services prior to 10/1/00 Rate 3	Days 3.01	Services on or after 10/1/00 Rate 4	Days 4.01	Services through 4/1/01 Rate 4.02	Days 4.03	High Cost RUGs 4.05	Total 5
1	RUC		544.53	30	0.00	0	0.00	0	0	0
2	RUB		544.53	30	0.00	0	0.00	0	0	0
3	RUA		448.01	106	0.00	0	0.00	0	0	0
3.01	RUX		731.31	0	0.00	0	0.00	0	0	0
3.02	RUL		713.76	0	0.00	0	0.00	0	0	0
4	RVC		467.27	71	0.00	0	0.00	0	0	0
5	RVB		400.84	99	0.00	0	0.00	0	0	0
6	RVA		399.58	173	0.00	0	0.00	0	0	0
6.01	RVX		654.04	0	0.00	0	0.00	0	0	0
6.02	RVL		583.85	0	0.00	0	0.00	0	0	0
7	RHC		408.24	145	0.00	0	0.00	0	0	0
8	RHB		365.62	37	0.00	0	0.00	0	0	0
9	RHA		319.24	94	0.00	0	0.00	0	0	0
9.01	RHX		595.02	0	0.00	0	0.00	0	0	0
9.02	RHL		527.32	30	0.00	0	0.00	0	0	0
10	RMC		360.27	18	0.00	0	0.00	0	0	0
11	RMB		335.19	77	0.00	0	0.00	0	0	0
12	RMA		272.51	167	0.00	0	0.00	0	0	0
12.01	RMX		545.78	0	0.00	0	0.00	0	0	0
12.02	RML		500.66	0	0.00	0	0.00	0	0	0
13	RLB		352.06	0	0.00	0	0.00	0	0	0
14	RLA		219.19	30	0.00	0	0.00	0	0	0
14.01	RLX		481.17	0	0.00	0	0.00	0	0	0
15	SE3		300.15	0	0.00	0	0.00	0	0	0
16	SE2		256.34	0	0.00	0	0.00	0	0	0
17	SE1		229.28	0	0.00	0	0.00	0	0	0
18	SSC		225.41	0	0.00	0	0.00	0	0	0
19	SSB		213.82	0	0.00	0	0.00	0	0	0
20	SSA		209.95	0	0.00	0	0.00	0	0	0
21	CC2		243.80	2	0.00	0	0.00	0	0	0
22	CC1		226.26	3	0.00	0	0.00	0	0	0
23	CB2		226.26	0	0.00	0	0.00	0	0	0
24	CB1		209.96	0	0.00	0	0.00	0	0	0
25	CA2		192.41	0	0.00	0	0.00	0	0	0
26	CA1		179.87	22	0.00	0	0.00	0	0	0
27	IB2		0.00	0	0.00	0	0.00	0	0	0
28	IB1		0.00	0	0.00	0	0.00	0	0	0
29	IA2		0.00	0	0.00	0	0.00	0	0	0
30	IA1		0.00	0	0.00	0	0.00	0	0	0
31	BB2		203.69	0	0.00	0	0.00	0	0	0
32	BB1		194.92	25	0.00	0	0.00	0	0	0
33	BA2		169.84	0	0.00	0	0.00	0	0	0
34	BA1		162.33	57	0.00	0	0.00	0	0	0
35	PE2		270.13	0	0.00	0	0.00	0	0	0
36	PE1		257.59	0	0.00	0	0.00	0	0	0
37	PD2		255.08	0	0.00	0	0.00	0	0	0
38	PD1		242.53	39	0.00	0	0.00	0	0	0
39	PC2		219.99	13	0.00	0	0.00	0	0	0
40	PC1		209.96	5	0.00	0	0.00	0	0	0
41	PB2		187.39	20	0.00	0	0.00	0	0	0
42	PB1		179.87	14	0.00	0	0.00	0	0	0
43	PA2		156.06	0	0.00	0	0.00	0	0	0
44	PA1		149.79	11	0.00	0	0.00	0	0	0
45	AAA R		149.79	0	0.00	0	0.00	0	0	0
45.01	ES3		530.86	0	0.00	0	0.00	0	0	0
45.02	ES2		416.79	12	0.00	0	0.00	0	0	0
45.03	ES1		372.91	0	0.00	0	0.00	0	0	0
45.04	HE2		360.38	0	0.00	0	0.00	0	0	0
45.05	HE1		300.21	0	0.00	0	0.00	0	0	0
45.06	HD2		337.81	0	0.00	0	0.00	0	0	0
45.07	HD1		282.66	0	0.00	0	0.00	0	0	0
45.08	HC2		319.01	0	0.00	0	0.00	0	0	0
45.09	HC1		267.62	5	0.00	0	0.00	0	0	0
45.10	HB2		315.25	0	0.00	0	0.00	0	0	0
45.11	HB1		265.11	0	0.00	0	0.00	0	0	0
45.12	LE2		327.79	0	0.00	0	0.00	0	0	0
45.13	LE1		275.14	0	0.00	0	0.00	0	0	0
45.14	LD2		315.25	0	0.00	0	0.00	0	0	0
45.15	LD1		265.11	75	0.00	0	0.00	0	0	0
45.16	LC2		277.65	6	0.00	0	0.00	0	0	0
45.17	LC1		235.02	0	0.00	0	0.00	0	0	0
45.18	LB2		263.86	0	0.00	0	0.00	0	0	0
45.19	LB1		225.00	0	0.00	0	0.00	0	0	0
45.20	CE2		292.69	0	0.00	0	0.00	0	0	0
45.21	CE1		270.13	0	0.00	0	0.00	0	0	0
45.22	CD2		277.65	0	0.00	0	0.00	0	0	0
45.23	CD1		255.08	6	0.00	0	0.00	0	0	0

The Optimizer Systems, Inc. WinLASH 2540 System [Version: 8.0]  
In lieu of Form CMS-2540-96, continued

BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet S-7 Part 4 Sunday, November 27, 2011 at 5:01:00 PM

## PPS Statistical Data

Line No.	HIPPS Group 1	M3PI Rev. Code 2	Services prior to 10/1/00 Rate 3	Days 3.01	Services on or after 10/1/00 Rate 4	Days 4.01	Services through 4/1/01 Rate 4.02	Days 4.03	High Cost RUGs 4.05	Total 5
46	TOTAL			1,422		0		0	0	0

The Optimizer Systems, Inc. WinLASH 2540 System [Version: 8.0]  
In lieu of Form CMS-2540-96

BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet A Sunday, November 27, 2011 at 5:01:00 PM

Reclassification and Adjustment of Trial Balance of Expenses

Net							
Expenses							
Cost CMS Allocation #	COST CENTER DESCRIPTION	Salaries	Other	Total	Reclassi- fications	Trial Balance	Adjust- ments to Expenses
		1	2	3	4	5	6
7	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs - Bldgs & Fixtures		157,250	157,250	-1,558	155,692	26,234
181,926							
2	Cap Rel Costs - Moveable Equipment		0	0	0	0	0
0							
3	Employee Benefits	0	0	0	0	0	0
0							
4	Administrative & General	104,422	677,543	781,965	91,755	873,720	-1,466
872,254							
5	Plant Operation, Maint. & Repairs	52,072	180,632	232,704	0	232,704	2,370
235,074							
6	Laundry & Linen Service	31,321	30,180	61,501	0	61,501	-75
61,426							
7	Housekeeping	108,766	58,538	167,304	0	167,304	2,636
169,940							
8	Dietary	148,022	203,033	351,055	0	351,055	18,074
369,129							
9	Nursing Administration	45,280	7,991	53,271	0	53,271	1,958
55,229							
10	Central Services & Supply	0	0	0	0	0	0
0							
11	Pharmacy	0	0	0	0	0	0
0							
12	Medical Records & Library	11,719	4,987	16,706	0	16,706	4,022
20,728							
13	Social Service	58,460	13,239	71,699	0	71,699	1,996
73,695							
14	Interns & Residents (Apprvd Prog)	0	0	0	0	0	0
0							
15	Activities	28,291	15,255	43,546	0	43,546	-4,551
38,995							
16	INPATIENT ROUTINE SERVICE COST CENTERS						
1,743,868	Skilled Nursing Facility	1,035,002	622,641	1,657,643	5,885	1,663,528	80,340
18	Nursing Facility	0	0	0	0	0	0
0							
19	Other Long Term Care	0	0	0	0	0	0
0							
21	ANCILLARY SERVICE COST CENTERS						
1,221	Radiology	0	1,221	1,221	0	1,221	0
22	Laboratory	0	16,419	16,419	0	16,419	0
16,419							
23	Intravenous Therapy	0	0	0	0	0	0
0							
24	Oxygen (Inhalation) Therapy	0	0	0	0	0	0
0							
25	Physical Therapy	0	66,891	66,891	0	66,891	-3,027
63,864							
26	Occupational Therapy	0	57,878	57,878	0	57,878	-2,424
55,454							
27	Speech Pathology	0	21,965	21,965	0	21,965	-344
21,621							
28	Electrocardiology	0	0	0	0	0	0
0							
29	Medical Supplies Charged to Patients	0	7,353	7,353	0	7,353	-486
6,867							
30	Drugs Charged to Patients	0	49,094	49,094	0	49,094	0
49,094							
31	Dental Care - Title XIX only	0	0	0	0	0	0
0							
32	Support Surfaces	0	467	467	488	955	-64
891							
33	Other Ancillary Service Cost Center	0	0	0	0	0	0
0							
34	OUTPATIENT SERVICE COST CENTERS						
0	Clinic	0	0	0	0	0	0
35	Rural Health Clinic	0	0	0	0	0	0
0							
36	OTHER REIMBURSABLE COST CENTERS						
0	Other Outpatient Service Cost	0	0	0	0	0	0
48	Ambulance	0	0	0	0	0	0
0							
49	Interns & Residents (Not Approved)	0	0	0	0	0	0
0							
50	CORF	0	0	0	0	0	0
0							
52	SPECIAL PURPOSE COST CENTERS						
0	Malpractice Premiums & Paid Losses		96,570	96,570	-96,570	0	0
53	Interest Expense		0	0	0	0	0
0							
54	Utilization Review - SNF	0	0	0	0	0	0
0							
55	Hospice	0	0	0	0	0	0
0							
56	Other Special Purpose Cost	0	0	0	0	0	0
0							
57	Subtotal	1,623,355	2,289,147	3,912,502	0	3,912,502	125,193
4,037,695							
58	NONREIMBURSABLE COST CENTERS						
0	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0

EXHIBIT 15

59	Barber & Beauty Shop	0	32	32	0	32	0
32							
60	Physicians' Private Offices	0	0	0	0	0	0
0							



BETHANY NURSING CENTER OF MILLEN  
 Provider number: 11-5700  
 Period from 11/1/2010 to 6/30/2011

Worksheet A Sunday, November 27, 2011 at 5:01:00 PM

Reclassification and Adjustment of Trial Balance of Expenses

Net			Reclassified			Adjust-	
Expenses			Reclassi-			ments to	for
Cost	COST CENTER DESCRIPTION	Salaries	Other	Total	fications	Trial	
CMS	Allocation	1	2	3	4	Balance	Expenses
#							
61	Nonpaid Workers	0	0	0	0	0	0
0							
62	Patients' Laundry	0	0	0	0	0	0
0							
63	Other Non Reimbursable Cost	0	0	0	0	0	0
0							
<hr/>							
75	TOTAL	1,623,355	2,289,179	3,912,534	0	3,912,534	125,193
4,037,727							

BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet A-6

Sunday, November 27, 2011 at 5:01:00 PM

Reclassifications

EXPLANATION OF			Increases			Decreases				
CHS	RECLASSIFICATION	Code	COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-
SALARY	ENTRY	1	2	3	4	5	6	7	8	
#										
9	1 Liability Insurance	A	Administrative & Gen	4.00		96,570	Malpractice Premiums	52.00		
96,570	2 Reclass Equipment (UM)	A	Skilled Nursing Faci	16.00		1,070	Cap Rel Costs - Bldg	1.00		
1,558	3 Reclass Equipment (UM)	A	Support Surfaces	32.00		488				
4,815	4 Reclass Nursing Expense	A	Skilled Nursing Faci	16.00		4,815	Administrative & Gen	4.00		
36	TOTAL RECLASSIFICATIONS				0	102,943			0	
102,943										

0

The Optimizer Systems, Inc. WinLASH 2540 System [Version: 8.0]  
In lieu of Form CMS-2540-96

BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet A-7 Sunday, November 27, 2011 at 5:01:00 PM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning Balances 1	Purchase 2	Acquisitions Donation 3	Total 4	Disposals and Retirements 5	Ending Balance 6
1	Land	0	0	0	0	0	0
2	Land Improvements	0	0	0	0	0	0
3	Buildings & Fixtures	0	0	0	0	0	0
4	Building Improvements	0	0	0	0	0	0
5	Fixed Equipment	0	7,828	0	7,828	0	7,828
6	Movable Equipment	0	110,636	0	110,636	0	110,636
7	TOTAL	0	118,464	0	118,464	0	118,464

The Optimizer Systems, Inc. WinLASH 2540 System [Version: 8.0]  
In lieu of Form CMS-2540-96

BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet A-8 Sunday, November 27, 2011 at 5:01:00 PM

## Adjustments to Expenses

CMS #	Description	Basis for Adjustment 1	Amount 2	Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No. 4
				Cost Center 3		
1	Investment income on restricted funds		0			
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
12	Adjustment resulting from transactions with related organization	A81	104,298			
13	Laundry and Linen service		0			
14	Revenue - Employee meals	B	-2,986	Dietary		8
15	Cost of meals - Guests		0			
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts		0			
19	Vending machines	B	-50	Administrative & General		4
20	Income from imposition of interest, finance or penalty charge		0			
21	Interest expense on Medicare overpayments and borrowings to		0			
22	Adjustment for Speech Therapy - Speech Pathology	A85S	0	Speech Pathology		27
22.10	Adjustment for Speech Therapy - CORF	A85S	0	CORF		50
22.50	Adjustment for Speech Therapy - Speech Pathology - HHA	A85S	0			
23	Adjustment for Occupational Therapy - Occupational Therapy	A85O	0	Occupational Therapy		26
23.10	Adjustment for Occupational Therapy - CORF	A85O	0	CORF		50
23.50	Adjustment for Occupational Therapy - Occupational Therapy - A85O	A85O	0			
24	Adjustment for Respiratory Therapy - Oxygen (Inhalation) Therapy	A85R	0	Oxygen (Inhalation) Therapy		24
24.10	Adjustment for Respiratory Therapy - CORF	A85R	0	CORF		50
25	Adjustment for Physical Therapy - Physical Therapy	A85P	0	Physical Therapy		25
25.10	Adjustment for Physical Therapy - CORF	A85P	0	CORF		50
25.50	Adjustment for Physical Therapy - Physical Therapy - HHA	A85P	0			
26	Adjustments for HHA Physical Therapy costs in excess of limit		0			
27	SUBTOTAL		101,262			
28	Utilization review -- physicians' compensation		0	Utilization Review - SNF		54
29	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
30	Depreciation -- movable equipment		0	Cap Rel Costs - Moveable Equipment		2
31	Workers Comp-Admin	A	-2,636	Administrative & General		5
31.01	Workers Comp-Maintenance	A	573	Plant Operation, Maint. & Repairs		6
31.02	Workers Comp-Laundry	A	434	Laundry & Linen Service		7
31.03	Workers Comp-Housekeeping	A	1,379	Housekeeping		8
31.04	Workers Comp-Dietary	A	1,877	Dietary		9
31.05	Workers Comp-Nursing Admin	A	224	Nursing Administration		12
31.06	Workers Comp-Medical Records	A	-309	Medical Records & Library		13
31.07	Workers Comp-Social Services	A	767	Social Service		15
31.08	Workers Comp-Activities	A	469	Activities		16
31.09	Workers Comp-Nursing	A	12,385	Skilled Nursing Facility		9
31.10	Rev 3/09-3/10 Distribution Accrual	A	238	Nursing Administration		16
31.11	Rev 3/09-3/10 Distribution Accrual	A	4,672	Skilled Nursing Facility		13
31.12	Rev 3/09-3/10 Distribution Accrual	A	270	Social Service		15
31.13	Rev 3/09-3/10 Distribution Accrual	A	143	Activities		8
31.14	Rev 3/09-3/10 Distribution Accrual	A	625	Dietary		6
31.15	Rev 3/09-3/10 Distribution Accrual	A	144	Laundry & Linen Service		7
31.16	Rev 3/09-3/10 Distribution Accrual	A	485	Housekeeping		5
31.17	Rev 3/09-3/10 Distribution Accrual	A	232	Plant Operation, Maint. & Repairs		4
31.18	Rev 3/09-3/10 Distribution Accrual	A	427	Administrative & General		12
31.19	Rev 3/09-3/10 Distribution Accrual	A	63	Medical Records & Library		4
31.20	Rec FY11 Partner Bonus Award	A	1,557	Administrative & General		5
31.21	Rec FY11 Partner Bonus Award	A	839	Plant Operation, Maint. & Repairs		6
31.22	Rec FY11 Partner Bonus Award	A	568	Laundry & Linen Service		7
31.23	Rec FY11 Partner Bonus Award	A	1,994	Housekeeping		8
31.24	Rec FY11 Partner Bonus Award	A	2,705	Dietary		9
31.25	Rec FY11 Partner Bonus Award	A	1,497	Nursing Administration		13
31.26	Rec FY11 Partner Bonus Award	A	964	Social Service		15
31.27	Rec FY11 Partner Bonus Award	A	541	Activities		16
31.28	Rec FY11 Partner Bonus Award	A	16,060	Skilled Nursing Facility		16
31.29	Reallocate Health Insurance	A	4,368	Skilled Nursing Facility		8
31.30	Reallocate Health Insurance	A	1,027	Dietary		6
31.31	Reallocate Health Insurance	A	203	Laundry & Linen Service		7
31.32	Reallocate Health Insurance	A	635	Housekeeping		5
31.33	Reallocate Health Insurance	A	191	Plant Operation, Maint. & Repairs		4
31.34	Reallocate Health Insurance	A	341	Administrative & General		4
31.35	United Rehab bonus accrual	A	303	Administrative & General		25
31.36	United Rehab bonus accrual	A	902	Physical Therapy		



The Optimizer Systems, Inc. WinLASH 2540 System [Version: 8.0]  
In lieu of Form CMS-2540-96, continued

BETHANY NURSING CENTER OF MILLEN  
Provider number: 11-5700  
Period from 11/1/2010 to 6/30/2011

Worksheet A-8

Sunday, November 27, 2011 at 5:01:00 PM

## Adjustments to Expenses

CMS #	Description	Basis for Adjustment 1	Amount 2	Expense classification on Worksheet A to/from which the amount is to be adjusted Cost Center 3	Line No. 4
31.37	Adj Depreciation Expense	A	-6	Cap Rel Costs - Bldgs & Fixtures	1
31.38	Miscellaneous income offset	B	-5,384	Administrative & General	4
31.39	Remove admin advertising	A	-2,628	Administrative & General	4
31.40	Remove u/a dues & subs	A	-493	Administrative & General	4
31.41	Disallow Cable in Patients room	A	-5,680	Activities	15
31.42	Remove Physicians Services	A	-1,499	Skilled Nursing Facility	16
31.43	Remove 10% Unihealth Allocation	A	-17,536	Skilled Nursing Facility	16
32	TOTAL		125,193		